

# **Solano County**

675 Texas Street  
Fairfield, California 94533  
[www.solanocounty.com](http://www.solanocounty.com)



## **Agenda - Final**

**Tuesday, May 21, 2019**

**2:30 PM**

**Workshop**

**Board of Supervisors Chambers**

### **Board of Supervisors**

*Erin Hannigan (Dist. 1) Chairwoman*  
*(707) 553-5363*

*Monica Brown (Dist. 2), Vice-Chair*  
*(707) 784-3031*

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*(707) 784-6130*

SOLANO COUNTY BOARD OF SUPERVISORS  
HOUSING AUTHORITY, SPECIAL DISTRICTS,  
SOLANO FACILITIES CORPORATION, AND  
IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

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**If you would like to submit a question(s) for this workshop, please send your question(s) to the Board Clerk in advance of the meeting via email to [clerk@solanocounty.com](mailto:clerk@solanocounty.com).** Please note that not all questions may be addressed during the live meeting, however all questions submitted will be part of the meeting record.

If you plan to attend the workshop and would like to address the agenda item, please submit a Speaker Card to the Board Clerk before the Board considers the item. Cards are available at the entrance to the Board chambers. Please limit your comments to three minutes.

## **AGENDA**

### **CALL TO ORDER - 2:30 P.M.**

### **ROLL CALL**

### **SALUTE TO THE FLAG AND A MOMENT OF SILENCE**

## **REGULAR CALENDAR**

### Health and Social Services:

- 1      **19-397**      Conduct a workshop to discuss the proposed reorganization of the Health and Social Services Department

**Attachments:**

- A - Mission, Values & Leadership Principles
- B - Org Assessment & Design Recommendations
- C - Organizational Assessment Early Findings
- D - Solano Future Trends Research
- E - Presentation

**ADJOURN:**

*To the Board of Supervisors meeting of June 4, 2019 at 8:30 A.M., Board Chambers,  
675 Texas Street, Fairfield, CA*



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Fairfield, California 94533  
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## Agenda Submittal

<b>Agenda #:</b>	1	<b>Status:</b>	Regular Calendar
<b>Type:</b>	Miscellaneous	<b>Department:</b>	Health and Social Services
<b>File #:</b>	19-397	<b>Contact:</b>	Gerald Huber, 784-8400
<b>Agenda date:</b>	05/21/2019	<b>Final Action:</b>	
<b>Title:</b>	Conduct a workshop to discuss the proposed reorganization of the Health and Social Services Department		
<b>Governing body:</b>	Board of Supervisors		
<b>District:</b>	All		
<b>Attachments:</b>	A - Mission, Values & Leadership Principles, B - Org Assessment & Design Recommendations, C - Organizational Assessment Early Findings, D - Solano Future Trends Research, E - Presentation		

Date:	Ver.	Action By:	Action:	Result:
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Published Notice Required? Yes ☐ No ☒

Public Hearing Required? Yes ☐ No ☒

### **DEPARTMENTAL RECOMMENDATION:**

The Department of Health and Social Services (H&SS) recommends that the Board of Supervisors conduct a workshop to discuss the proposed reorganization of the Health and Social Services Department.

### **SUMMARY:**

For the past year, the Department of Health and Social Services (H&SS) has been actively working with external consultants examining state and national trends in health and human services delivery. Increasingly, counties and states have been moving toward a more integrated provision of services that are more consumer focused and lead to better outcomes. A central aspect of these trends is providing more preventive and care coordination services in the community; these are more cost effective and improve community health. The proposed reorganization will assist H&SS with delivering better integrated services to the community and result in increased effectiveness and efficiencies. This structural recommendation is based on best practices gathered from other counties with integrated services, as well as on input from staff, service recipients and community stakeholders.

### **FINANCIAL IMPACT:**

The costs associated with preparing the agenda item are nominal and absorbed by the Department's FY2018/19 Adopted Budget.

### **DISCUSSION:**

On June 26, 2018, the Board received a presentation from H&SS and approved its new mission to "Promote Healthy, Safe, and Stable Lives" and its vision of "A Healthy, Safe, and Stable Community." During the

presentation, the Board encouraged H&SS to continue this work and keep the Board apprised of its efforts. H&SS identified its next steps as continuing ongoing work in culture improvement, effectiveness and efficiencies, as well as conducting an external scan and engaging with its community partners and stakeholders. H&SS partnered with two consultant organizations, Performance Works and the American Public Human Services Association (APSHA), to assist with these efforts. Additionally, H&SS has been actively involved in the Harvard Health and Human Services Summit.

Performance Works assisted with building a foundation to accelerate performance, develop leadership capacity, shape an adaptive culture and provide tools to keep employees engaged and informed. In addition, Performance Works completed an organizational assessment and provided recommendations to ensure H&SS is “future ready.” APSHA introduced the Human Services Value Curve (HSVC) which aims to drive H&SS toward an internal cultural shift and increasing collaboration with community partners to enhance practice and services within the community. The focus of the HSVC model and research is to design a system of delivery of services based on the true needs of customers, with services that are more wholistic and prevention-focused. HSVC also includes a public health approach to service delivery by working upstream with stakeholders in the community who play a part in meeting the health and human services needs of the population.

As part of H&SS's partnership with Performance Works and APSHA, multiple surveys and listening sessions were conducted with program participants, staff and various community stakeholders. Some of the feedback received indicated that although H&SS is administratively managed as an integrated agency, much more can be done in serving and coordinating care for the whole person or whole family. Responses from program participants demonstrated that the majority would prefer a coordinated, multi-program application process with information shared between programs in order to optimize care. Meeting this preference requires better data sharing between divisions and other departments in the County, better integrated IT systems, less “siloes” funding sources, and more multi-disciplinary team involvement.

On November 6, 2018, the Board adopted a resolution as authorized by Assembly Bill (AB) 2821 and effective January 1, 2019, which allows H&SS to operate as an integrated and comprehensive County Health and Human Services agency including maintaining and evaluating an administration system that integrates and coordinates the management and support of client services and maintains a system of reporting and accountability that provides for the combined provision of services without the loss of State or Federal funds. The integration initiates the process of allowing funding to follow clients based on need.

During this workshop H&SS will present to the Board the rationale for the proposed reorganization of H&SS. In keeping with state and national trends in health and human services delivery and with emerging best practices, the objective is to create a fully integrated agency organized around the people H&SS serves and to deliver population-centric services. The workshop will include a discussion on how the landscape is changing and the current challenges. H&SS will discuss the work ahead and describe the models used by other integrated agencies to achieve a similar objective as well as the significant employee, program participant and stakeholder engagement processes that were undertaken to obtain input. Staff will also touch on key strategic priorities. In addition to describing the desired H&SS structure by 2025, the workshop will include a discussion on the current structure and its challenges and barriers, the breadth of program responsibilities in H&SS, new programs and key regulatory changes adopted since 2010, emerging issues, changes in staffing patterns and intra-departmental communications. After addressing services used by clients, workloads and caseloads in various programs, caseload trends and vacancy trends, the principle assumptions underlying the proposed reorganization and the proposed timeline for achieving the objective of integrated services focused on H&SS clients' needs will be outlined.

#### **ALTERNATIVES:**

The Board may choose not to conduct this workshop to discuss the proposed reorganization of H&SS. This is

not recommended because the workshop will provide the Board with an opportunity to better understand the Department's rationale for the proposed reorganization and to discuss with H&SS how the proposed reorganization will achieve more efficient services delivery and better client outcomes.

**OTHER AGENCY INVOLVEMENT:**

In creating the recommendations and proposed organizational structure, H&SS and Performance Works worked with the County Administrator's Office and Human Resources and solicited input from stakeholders such as local community-based organizations and customers/recipients of services.

The County Administrator's Office has been consulted on the presentation.

**CAO RECOMMENDATION:**

APPROVE DEPARTMENTAL RECOMMENDATION





Solano County  
Health & Social  
Services

# Mission, Values, and Leadership Principles



# Ensuring Responsiveness, Relevance, and Results

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H&SS deeply believes in our mission of **promoting healthy, safe and stable lives for the residents of Solano County** and in the importance of an authentic set of core values informing our culture, behavior and decisions.



# What is our new mission and vision?

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## **Mission:**

Promote Healthy, Safe,  
and Stable Lives

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## **Vision:**

A Healthy, Safe, and  
Stable Community

**What are the  
values we  
subscribe to?**

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**Diversity**

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**Respect**

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**Integrity**

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**Fairness**

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**Transparency**

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**Equity**

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**Responsiveness**

# What are leadership principles and why are they important?

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Strong leadership is an essential element of our culture and our effectiveness as an agency. It must be present in our thinking, behavior, and decisions. **These Leadership Principles translate our mission and values to actions**, providing tangible guideposts for how we treat each other, our colleagues throughout the county, our partners and the people in the communities we serve.

# Leadership Principles

## Optimism

We believe in our ability to make a difference in the lives of the people we support. Leaders are role models for positive thinking and behavior, bring fresh ideas to solving difficult challenges and help others avoid the pitfalls of negativity and cynicism.

## Agility

Our focus is on having a positive impact in our community as it changes. Leaders adapt and are responsive to changing conditions as they work to effect change, knowing that being nimble and agile has both internal and external benefits.

## Communication

We listen with open minds and open hearts and strive to express our ideas with honesty and clarity. Leaders know that information empowers us all and communicate in a manner that is—at a minimum — timely, frequent, respectful, direct and honest.

## Thoroughness

We work in highly sensitive and critical situations, and we look to understand the root causes of problems in order to find effective solutions. Leaders know that insight and ideas reside throughout the organization and engage their teams in robust discussion and thorough planning.

# Leadership Principles *continued*

## Curiosity

We recognize that our ability to deliver best-in-class services requires we stay curious, humble and ready to learn. Leaders stay current on emerging social service trends, issues and resources to ensure our approaches are relevant.

## Delivering Results

Our success is directly tied to community outcomes and we evaluate ourselves accordingly. Leaders appreciate strong effort and know it's important, yet are mindful that results matter and we hold ourselves accountable to deliver.

## Excellence

We take pride in our work and know that good enough doesn't cut it. Leaders know that details matter and excellence is our benchmark.

## Collaboration

We need each other to achieve our goals of community impact. Leaders embrace intense collaboration, listening and sharing, and check their egos at the door. Leaders encourage others and recognize that we're all part of a team, understanding that the variety of expertise and points of view makes our work better.



# Leadership Principles *continued*

## Partnership

We know we need trusted partners to achieve our desired outcomes. Leaders build and nurture strong partnerships, recognizing that benefits result from productive collaboration and frequent communication.

## Commitment

To fulfill our mission and achieve our goals the road will be rocky. Leaders know that change happens slowly, and we must be committed and tenacious.

## People Matter

In our work together, we're always mindful to treat each other with dignity, respect and empathy. We take care of each other, have each other's back and understand that our behavior is a direct reflection of our values. Leaders are committed to building a culture of caring throughout the department and know the benefits of being inclusive and kind.

# How will we put them into daily practice?

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## INTRODUCE TO EXECUTIVE TEAM

**Executive Team planning meeting to introduce the new Mission, Values and Principles in October 2018**

- Presentation and handout

## INTRODUCE TO ALL EMPLOYEES

**“Town Hall Meetings” in Nov. and Dec. 2018**

- Handout hard copy of principles to employees at those meetings

## SOCIALIZE WITH EMPLOYEES

### **Employee Focus Group Meetings in Q1 2019**

A series of employee meetings diving into the principles and how to ‘bring them to life’ in HSS led by managers/supervisors

- How do we internalize these principles in our daily work?
- What do we do well now and what do we need to work on?

## INTEGRATE INTO PERFORMANCE MANAGEMENT AND GOAL SETTING

### **Specific measures for leadership principles**

- Process for incorporating into employee development/performance planning
- Process for incorporating into annual/quarterly program planning
- Process for incorporating into recruiting and onboarding of new employees

# How does this fit into department communications overall?



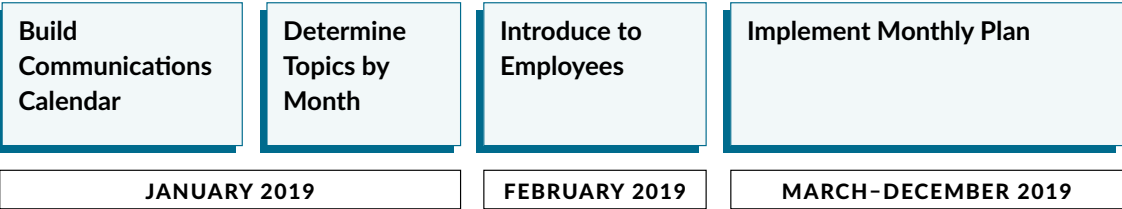
## 1 Mission, Values, & Leadership Principles



## 2 Protocols & Guidelines



## 2a Dept. Priorities & Updates: Projects, Initiatives, Partnerships



## 2b Communications Training



# Where do we start?

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What will you do differently tomorrow?

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What do we do well now and what do we need to work on?

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What is most important for us to focus on?

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How do we internalize these principles in our daily work?

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How do we bring them to life?

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What are the obstacles to putting them into practice?

Thank you.







# **Solano County Health & Social Services Organizational Assessment and Design Findings and Recommendations**

January 2018



**DRAFT**

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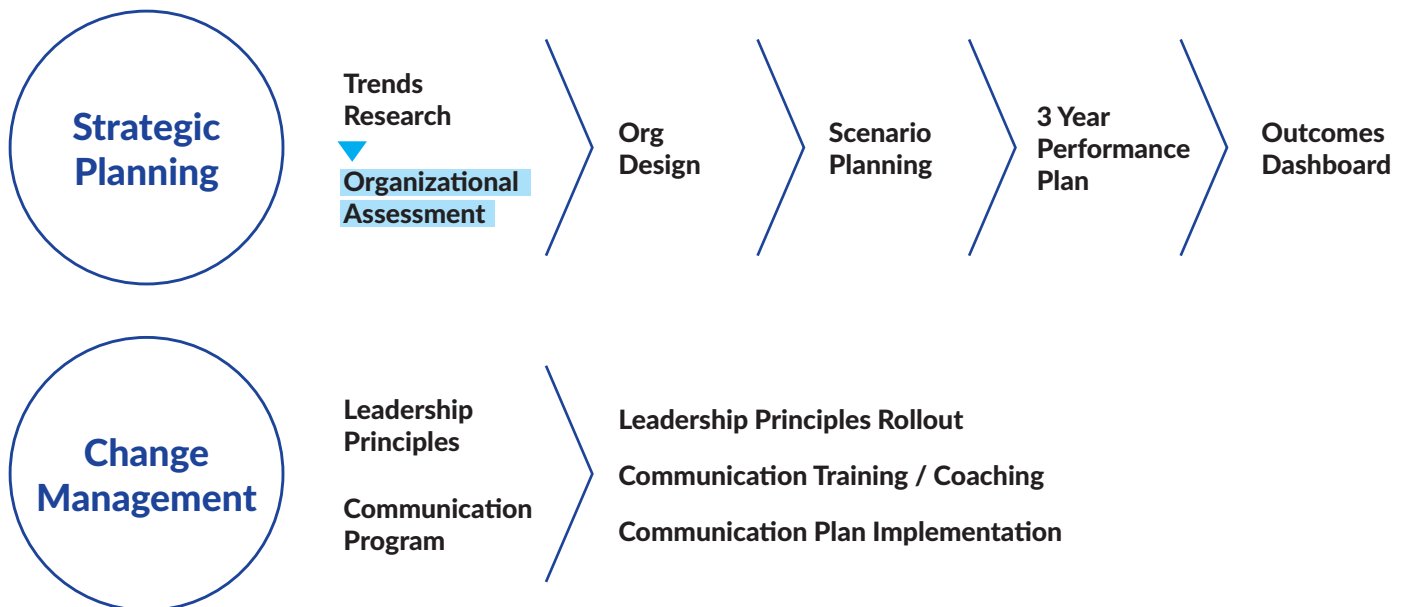
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# Purpose and Approach

A confluence of factors led to HSS contracting Performance Works for an Organizational Assessment engagement, including issues both external and internal - **capacity of the department, bandwidth of leadership, alignment of expertise with service delivery and the changing nature of the County itself**. At the heart of the effort though is the question of **how best to optimize performance** of HSS. The goal of the work is nothing less than transforming the organization to better serve clients. This project sits as part of a continuum of work that starts with Mission, Vision and Values, and moves into the instantiation of Leadership Principles\* throughout the department. Anchored by Research to document emerging trends in the State and the County, it will ultimately lead to Strategic Planning and a robust Communications and Change program to help realize the desired changes – structural, cultural, and operational.



Specifically, the direction given for the Organizational Assessment was to **lead a process for evaluating the effectiveness of the current organizational structure, looking externally to benchmark Best Practices from comparable California counties, and internally at leadership, span of influence and service delivery to present a recommended organizational model**. As outlined in the contract, the recommendations for the HSS department model is to include the following:

- **Summary of research findings** related to organizational structures
- **Evaluation of the effectiveness** of the current structure
- **Performance objectives** for implementing a new structure
- **Recommendations for a new organizational structure**
- **Change management plan** to support implementation

\* Leadership Principles - HSS Leadership Principles were developed to translate the Department's mission and values into actions, and embed them throughout the organization via a robust and high engagement rollout

# Purpose and Approach

Anchored in the belief that the answers to the questions about ways to **unleash productivity** and build a **culture of service** reside within the department, the process relied on deep conversations with employees throughout the organization. We balanced the internal view with a study of peer counties to learn how they're navigating the delivery of health and social services in today's climate. And, ultimately we analyzed both in order to develop a point of view of the **changes necessary to accomplish the twin objectives of customer-centricity and organizational performance**.

Early on in the project, it was discussed with Department leadership that there were likely **multiple viable structures depending on the priority issues looking to be solved** – Leadership bandwidth? Client service? Minimizing disruption? Optimizing inter-agency collaboration? And, as such, Performance Works would present options for structural redesigns in accordance with those priorities.

This report captures our findings and recommendations across a spectrum of organizational areas including Structure, Culture, Work Process, Resources and Job Design and lays out a prioritized set of short- and long-term actions to implement. All findings reported here represent common themes heard across multiple assessment engagements, and clarified during research through inquiry and examples.

This document is intended to provide a foundation for discussion and decision-making. It reflects Performance Works' assessment of organizational issues impacting performance with a roster of recommendations. The translation of these recommendations into a detailed operations plan will follow and is not part of this analysis. Although many of the recommended actions will benefit HSS performance regardless of the organizational model chosen, the specific actions to implement will need to be informed by the ultimate vision for organizational direction and structure.

## Assessment Overview

The HSS organizational assessment was conducted between October and December 2018

HSS participants were nominated by HSS leadership and represented a proportional cross section of the Department.

### The Assessment included:

- 9 employee and manager focus groups, involving a total of 83 participants
- 27 interviews with HSS and County Senior Leaders and Administrators (refer to appendix for full interview participant list)
- 5 best practices interviews with Senior Leaders at Monterey, San Diego, Placer, Yolo and Shasta Counties

Research topics included Span of Control, Decision-Making, Employee Recognition, Training and Development, Information Sharing, Organizational Structure and ultimately Service Delivery to understand improvement opportunities and priorities from multiple perspectives.

# Organizational Context: Recognizing Constraints & Tensions

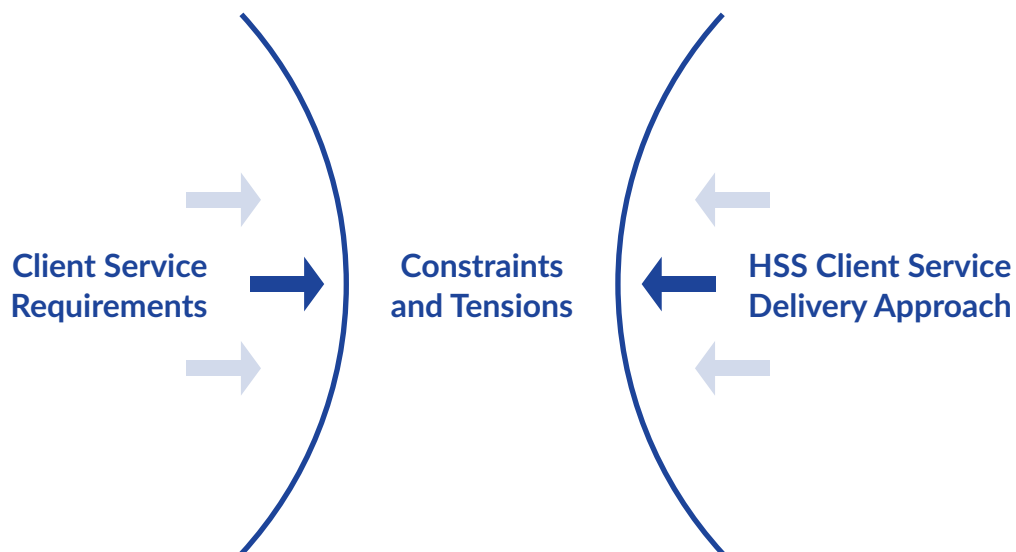
In navigating our assessment focus and proposed recommendations, it is impossible to overlook the context within which HSS operates and the relationship with the County as a whole. A few challenges presented themselves as most pronounced:

## Constraints

- Strict funding parameters
- Changing demographics and demands
- Multiple stakeholders with differing pathways to change (ie. County, Board, etc)

## Tensions

- A desire to innovate within a highly regulated environment
- Increasing need for services with limited resources
- Interest in improvement with reluctance to change



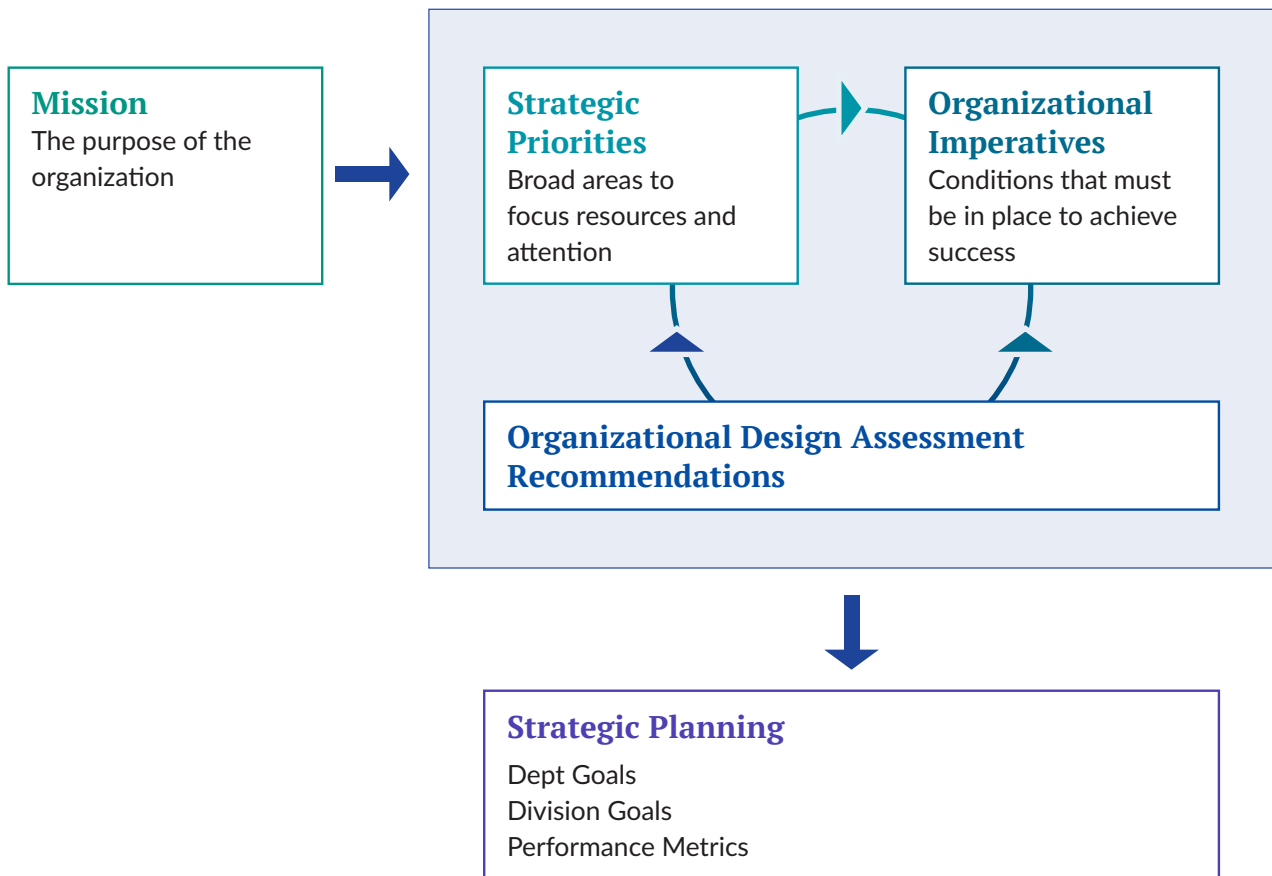


# Executive Summary

# Structure for Achieving Success

In organizations of all types, aligning and linking actions across divisions poses one of the greatest challenges. At the core of this alignment is a cascading focus to ensure daily priorities and everyday actions are ultimately in service of the organization's mission.

When organizations pursue change, their success is reliant on balancing strategic priorities and the specific actions that address large and small opportunities for improvement. The following framework organizes our recommendations for action and links them to broader Strategic Priorities and Organizational Imperatives which must be in place for success.



# Strategic Priorities

HSS successfully delivering on its mission hinges on coordinating its resources and efforts across a set of clearly articulated Strategic Priorities while using the full expertise of employees and ensuring the organization has the capacity to execute.

## Customer Centricity

Positive Community Impact lies at the core of HSS's work and is enabled by a **strategic focus on Customer Centricity**, orienting the organization and its service delivery to match the customer's needs. A Customer Centric approach ensures HSS customers can receive the full range of the Department's services, embodied by a "No Wrong Door" approach.

## Innovation and Creative Problem Solving

Demographic, societal and political shifts will continue to add complexity to service delivery and demand novel solutions to emerging problems. A **strategic focus on innovation and creative problem solving** will set HSS on a course to meet the challenges of a changing environment. Innovation relies on accessing the full expertise of Department employees and overt encouragement and recognition of their invention.

## Employee Engagement

Without HSS's highly committed and experienced experts, the department cannot deliver. Relying on employees for input and decisions is critical to enabling them to do their best work. Placing a **strategic focus on Employee Engagement** strengthens the quality of HSS service delivery while celebrating their value to the organization.

## Organizational Capacity

Resource availability and constraint is a universal challenge across all organizations. While additional resources would be ideal, unleashing the Department's current resources will improve productivity and expand what is possible for better service delivery. A **strategic focus on increasing organizational capacity** with an eye toward process improvements and efficiency, tied to desired outcomes, will be essential to long term success.

# Department Performance Imperatives

Linked to Strategic Priorities are a set of conditions that must exist for HSS to successfully deliver on its mission. These conditions, or Department Performance Imperatives, are necessary to balance external and internal focus, and set the stage for organizational changes.

## To set the stage for change and lasting success, HSS must:

- Build a **compelling vision around customer-centricity** that can motivate service, organization, and/or collaborative redesign and change.
- Shift toward an **employee-centric culture** that demonstrates the value of employees and motivates them to bring their best everyday.
- Clarify **consistent work practices and processes** to improve efficiency overall.
- Prioritize commitment, trust and engagement of employees and governing stakeholders through **exhaustive and visible execution of all organizational change** underway.
- Diligently adhere to a **comprehensive action plan for execution**.

Foundational to all of this is establishing a mindset for continuous improvement to ensure the efforts of all are met with receptivity and a realistic view of the incremental nature of change. It will be important that County and HSS leadership and employees see innovation and change as ongoing and necessary aspects of continuing improvement, rather than a series of one time, disparate events.

# Key Findings from Organizational Assessment

- Significant opportunities exist for better linking services and enabling collaboration across programs to have a greater impact on client care.
- HSS culture can emphasize, and put in place, increased support for employee efforts to offset the perception that employees are not valued.
- Employees are hungry for more transparency and executive level communication to better understand the department's priorities and underlying logic.
- Work process redesign and/or streamlining are necessary for improving performance and unleashing productivity.
- Success is currently enabled by employees' commitment to service and isolated practices in select groups, rather than by systemic practices or approaches to service delivery.
- Collaboration for more effective service delivery is complicated by divisional silos.
- Lack of adequate people resources is a consistent inhibitor of more effective service delivery and a source of great frustration.
- Information sharing across groups is labored but increasingly necessary for productive work. Data management and sharing is seen as key to positive client outcomes.
- Employees are skeptical about change stemming from internal organization assessments because there is little history of sustainable improvements.
- Any significant change to how work happens will face challenges from within and beyond HSS due to both the regulatory nature of the work environment and entrenched behaviors and mindsets.



# Key Findings from External Best Practices Research



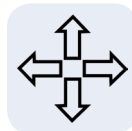
Foundationally, for a Health and Human Services Super-Agency to be both an efficient and innovative enterprise, it must be organized as a matrix flexible enough to encourage collaboration while maintaining a strong through line of policies, culture and vision to guide purpose.



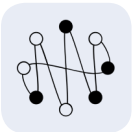
Conversations emphasize there is no such thing as too much communication. Engaging every employee in the reorganization process and creating opportunities for buy-in at every step is fundamental to ensuring everyone feels part of a shared effort and necessary to its success.



Tapping the expertise of the community and joining forces with existing companies is a necessary step toward solidifying HSS's role in the county as both a resource for support and advocate for local organizations.



Polarization, resistance and tension are all to be expected while navigating through this process, however, with strong leadership and a commitment to a shared goal, the struggle for power will lead to a culture of acceptance.



Creating systems and structures to support collaborative efforts is key to best serving populations in need. It is widely understood that no issue exists in a vacuum and it is up to the HSS agency to recognize and provide the continuum necessary for a client's wellbeing.

# Recommendations Summary

HSS must demonstrate commitment and take action in key areas in order to deliver on its mission, organizational imperatives and strategic priorities. Our high level recommendations capture the key categories for focused action that will enable HSS to achieve its objectives (refer to Recommendations section for full review of actions).

## Structure

- Design the organization to address specific objectives
- Build structured collaboration in key areas
- Significantly increase cross-functional awareness
- Instantiate language and behavior that represents HSS as a whole

## Culture

- Build an employee-centric culture
- Rollout Leadership Principles
- Drive accountability
- Create a dedicated Workforce Culture role within HSS

## Work Process

- Design/redesign work processes
- Enhance training
- Build a business case for Technology improvement

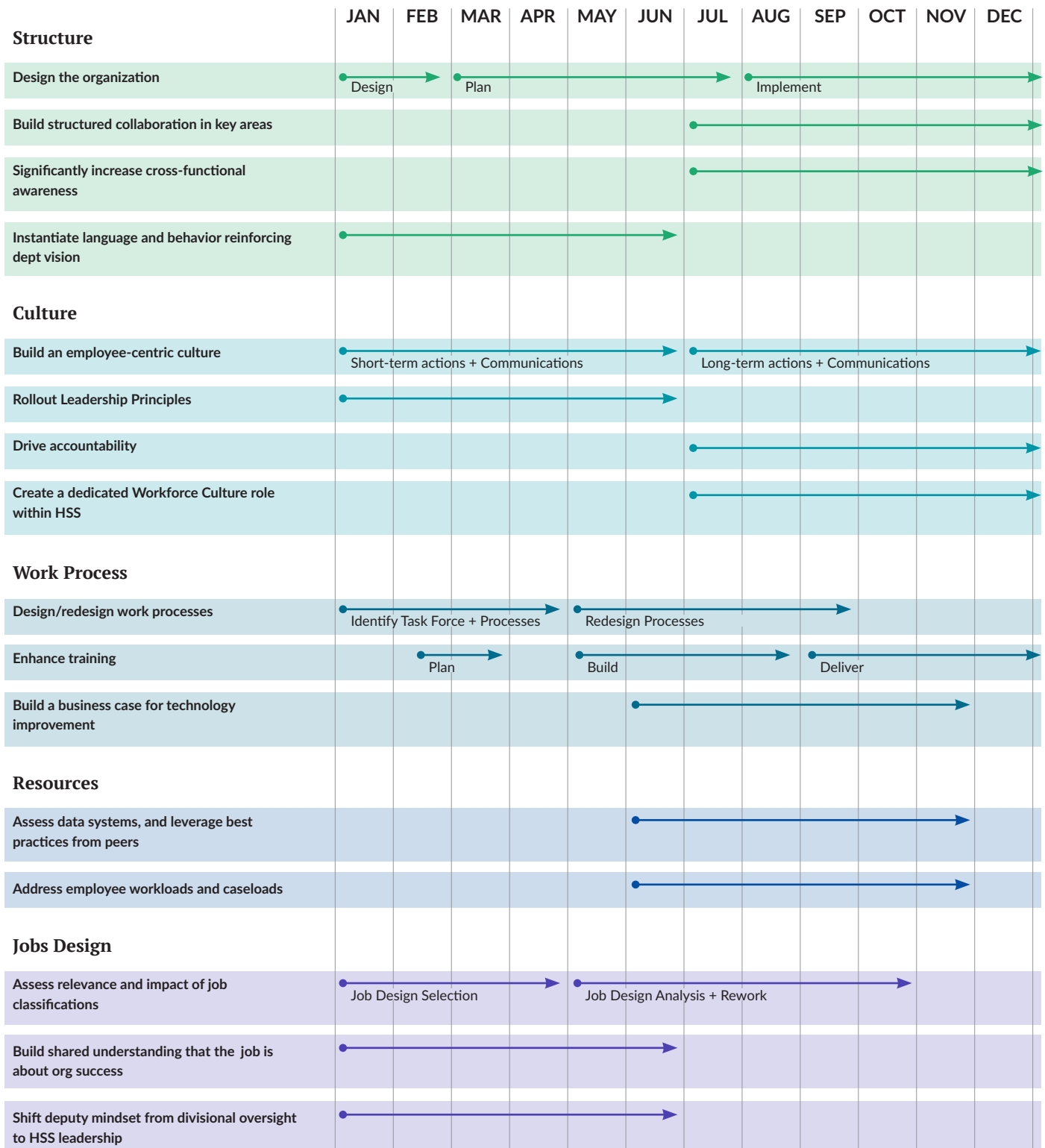
## Resources

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

## Job Design

- Assess relevance and impact of job classifications
- Build shared understanding that the job isn't just the classification
- Shift deputy mindset from divisional oversight to HSS leadership

# High Level Implementation and Change Management Plan



# Detailed Findings

# Employee Focus Groups

## Employees are skeptical about change stemming from organization assessments

Employees express skepticism and reluctance toward the organizational assessment process, since previous efforts and initiatives have produced few known results. Despite their skepticism, they believe in leaderships' intent to do good, they actively participate in the process and ask for greater involvement and transparency.

- Organization assessments and improvement initiatives in the past have yielded little feedback or change, leading to employees feeling discounted and reluctant to share information
- Assessments and initiatives do signal to employees that leadership generally wants to do good and supports change
- Employees suggest building future initiatives with frontline input versus implementing them from the top down as may have occurred with IIE
- There is strong interest from employees in having greater transparency and understanding of organizational change efforts and timelines

## Success is currently enabled by commitment to service and specific practices

The quality of people and commitment to service, along with co-location of services/programs and discrete group practices, are cited by employees as what works well and will enable successful service delivery.

- Employees cite the character, commitment and overall quality of their people as a primary strength of HSS
- A shared understanding and commitment to service and compassion, across the entire department enables their work and effectiveness – as exhibited in an example shared of an HSS Admin employee helping a client on the street
- Employees shared several instances of co-location and cross divisional collaboration as examples of where things are working well
  - BH staff, PH nurses and E&E collaborating through co-location
  - Co-location of programs in Regional offices during the 90's
- Employees also cite isolated examples of effective practices in some divisions/groups, for example the Benefit Action Center (call center) has a “one and done” policy, where the person answering the call is responsible for seeing it to resolution

## Detailed Findings: Employee Focus Groups

### Process development and streamlining are necessary for improving performance

**A lack of process, or burdensome processes are both considered issues that detract from service delivery and overall performance. “The behaviors required to navigate the system don’t represent people at their best.”**

- There is a sense that processes have increased significantly in recent years, with clerical, administrative work and documentation now getting in the way of client service, examples include contracting, travel approval requirements, getting vendors paid
- In general, mutual understanding and knowledge of internal processes can be improved across all divisions, currently some processes are seen as inconsistent across groups and even varying from person to person
- Employees believe HSS clients are being asked to navigate difficult processes requiring lots of waiting, documentation and multiple trips
- There is recognition that some processes are passed down from the County and State and are not in the purview of HSS to change

### Collaboration is complicated by divisional silos

**Silos are making collaboration across divisions more difficult with potential impacts on client service. This dynamic is partly due to structure and lack of formalized collaboration processes, and is to a certain extent mitigated by employees through personal cross-group relationships.**

- Employees generally attribute cross-divisional collaboration issues to structure and culture including:
  - Divisions "staying in their lanes"
  - An individual rather than team focus in some groups
  - Procedural behavior and employee apathy in some cases – “pulling teeth” to get things done
  - Lack of formal collaboration processes and management support to enable cross-division collaboration
- Relationships between cross-divisional employees, which are self-initiated and built over time, have been key to getting things done – “it depends on who you know”
- Tenured employees are concerned about the impact on informal/relationship-based processes after department veterans leave

## Detailed Findings: Employee Focus Groups

### Employees believe they are undervalued

**There is widespread perception across employees and divisions that they are undervalued, as demonstrated to them by the lack of development opportunities, workload and involvement.**

- From the employees' perspective, HSS...
  - Undervalues the experience of tenured employees, preferring degrees and credentials
  - Undervalues internal movement and development
  - Demonstrates low level of respect and discounts employees
  - Places priority on clients to the detriment of employees
- The perceived lack of value toward employees is demonstrated via
  - Low communication and involvement
  - Not asking regularly for employee feedback (e.g. waiting until exit interviews)
  - Placing insufficient emphasis on work and life balance, and workloads
  - Very basic employee evaluation process, versus more robust process for managers
  - Making decisions without getting input from or vetting them with front-line staff
  - Insufficient focus on comfort and safety, for instance lack of security and cameras in parking lots, and HVAC issues
- Employees encourage a greater focus on HSS staff, for example through a "personnel director" that can drive organizational development, communication and more directly support HR needs, as well as staff evaluations for supervisors

### Lack of staffing and integrated technology are a consistent performance inhibitor

**Lack of staffing and integrated technology is consistently and frequently cited as an issue that inhibits the performance of the department. While there is an understanding of constraints, employees believe more can be done with regard to adding resources.**

- There is a general sense that departments know what they have to do, and performance challenges are heavily driven by lack of staff to deliver on expectations
- Due to lack of analysts, managers step in to fulfill that role, taking away from their client-work to build the business case for additional staff
- Employees are asked to go above and beyond, and when they deliver, working under constraints becomes the new normal
- Under performance due to shortage of staff is also addressed by an ask to work even harder
- Not enough IT staff to make data collection, management and analysis as robust as it needs to be
  - Data systems don't communicate with each other and different departments can't access client information

## Detailed Findings: Employee Focus Groups

### Priorities and their underlying logic are not clear to employees

**Competing and shifting priorities are common across HSS, and the underlying logic behind decisions and changes are typically not clear for employees.**

- Employees often cite that they don't have awareness and understanding of the logic behind decisions and changes. An example being the current rumors of organizational change
- From the employee perspective, HSS appears to have competing priorities, potentially across the organization and through the hierarchy
- To some, priorities seem to shift frequently, leading to lack of clarity regarding success, which is also described by some as lack of clearly defined expectations from leadership – this collective sentiment on shifting priorities was exemplified by the statement “don't know what a win looks like”
- Some employees view HSS priorities as being reactive, and suggest a need to be more proactive and strategic before jumping into things

### Employees want more transparency and executive level communication

**Communication is broadly considered to be an improvement area, primarily with regard to increasing frequency of executive communications, more effective cascading through the organization and more strategic communications planning.**

- Employees consistently note a lack of communication from management regarding organization direction and change. Additionally, existing communications are sometimes difficult to access, and suggestions were made for new communications tools like Sharepoint
- In some instances, employees note a lack of communication strategy and planning, for instance citing the focus group invitation as a case in point
- In the absence of communication, gossip pervades and eventually leads to behavioral change at the front line – an example is the chatter about organizational change without awareness of what it is (occurring at the time of this reporting)
- Employees generally cite a need for clearer, more shared and strategic communications, with effective cascading throughout the organization



## Detailed Findings: Employee Focus Groups

### Information sharing is labored but very necessary for effective service delivery

**While information sharing is seen as key to servicing clients, it is also difficult given the current structure and practices in HSS.**

- Communication between units at the frontline is considered necessary for quality service delivery
- Employees note that getting information from across divisions for a single case can be difficult
- The current organization structure and HSS building are thought to limit effective information sharing, and employees note that all units touching a single case are not communicating
- Employees mention several metrics and outcomes that may result from better information sharing, these include
  - Linking communication to measurable action
  - Usage of services versus eligibility for services
  - Client clicks on website and services

### Significant opportunities exist for better linking services and enabling collaboration

**HSS, while linking a range of services, has significant opportunity for better service integration and cross-divisional awareness and collaboration in order to better serve clients.**

- In general, employees have low awareness and knowledge of the services that are provided across divisions throughout HSS, diminishing their ability to appropriately route and fully serve clients, the following statements characterize the current state of awareness
  - “How many divisions do we have and when did they change?”
  - “Don’t know where to route incoming calls”
  - “Can’t help my own family navigate the system as an employee”
- Lack of service and cross-divisional integration is clear to employees, who observe their clients going to multiple divisions for service, and also find difficulty themselves in accessing information
- Employees don’t see HSS as “one agency,” instead experiencing it as separate units with lots of internal handoffs and less than ideal collaboration – this is the collective sentiment on integration and was exemplified by the statement “[we are] not set up to know what our best work is”
- Paths for collaboration are not seen as evident and readily available, and employees see opportunities for better performance if leadership made the paths operationally accessible with better identified linkages
- Opportunity also exists for improved collaboration by creating better relationships and supporting creative problem solving
- Employees see possibility for greater penetration of services through integration and collaboration, ultimately resulting in better service and more funding

## Detailed Findings: Employee Focus Groups

### HSS culture can be strengthened and more supportive of employee efforts

HSS culture is firmly grounded in a commitment to service, in some areas however the culture may be hindering rather than enabling service and performance, particularly with regard to adherence to hierarchy, low support for innovation, some apathetic employees and pockets of contention.

- The culture of HSS is grounded in the character of its employees and their commitment to service, as well as the department's purpose
- The current culture is potentially divergent from the department's stated values, this is demonstrated in mixed messages between values and behaviors for instance:
  - Employees are asked to resolve issues at the lowest level but still have to go through a change of command
  - Innovation is espoused but some employees are experiencing low levels of risk-taking, trust and safety for innovation
  - Observance of hierarchy and low risk taking are sometimes seen as trickling down through HSS culture starting from "Downtown" (HSS employees commonly refer to "Downtown" when generally describing the County's Administration, the CAO's office and County HR)
- In some instances, employees describe a "fear of action" related to helping clients, due to potentially violating regulations or processes, examples include:
  - Being told to stick to chain of command or be reprimanded
  - Hesitating to give food to a client on the street for fear of violating regulations (e.g. food allergy)
  - Having to remove a children's playbox in an E&E cubicle due to liability concerns
- A "culture of apathy" may exist in some areas resulting from an erosion of confidence in the system over time, this is characterized as employees:
  - Not engaging in team work and exhibiting low comradery
  - "Spending astounding energy" to push things to other divisions
  - Not deviating from schedules (8-5, 9-80...) to accommodate requests
- HSS culture may be contentious, particularly between frontline workers and management, due to employees' thinking management doesn't understand their circumstances. Contention may also exist across divisions and groups, characterized as an "us versus them" mentality

## Detailed Findings: Employee Focus Groups

### Accountability is seen as lacking, with impact on organizational and individual performance

**Lack of accountability is perceived as undermining the overall performance of HSS with an impact on high performers.**

- There is a perception that some employees who lack the intrinsic motivation and commitment for the work are underperforming and only engaging for a paycheck
- Underperformance for some individuals may have developed over time as a result of feeling overworked and underappreciated, along with other related organizational circumstances
- Employees see little differentiation in rewards and consequences for high versus low performance respectively, an important factor which can lead to loss of motivation and commitment
- Managers think the tools for managing underperformance are cumbersome, and difficult to implement given an already significant workload
- Overall there is interest in raising the level of accountability through all levels of HSS, based on more clear delegation of workflow from the top down

### Improving training may increase performance and morale

**Adequacy of training can vary by group, however most cite some deficiency in the training they received and point to it as contributing to challenges in job performance and impacting employee morale.**

- Lack of training is seen by some as making the job more difficult, demonstrating a lack of value and support for employees and contributing to turnover
- Employees emphasize a desire for greater focus on trainings that are specific to getting their work done, rather than general trainings
- In some areas employees report a significant delay between starting the job and receiving appropriate training – this is exemplified by the statement “after two years, I am still learning the process from colleagues”
- A good deal of training is said to occur informally therefore causing variance and limiting the level of client service, for instance an informal conversation represents the full extent of training for some
- The number of programs, and frequent changes to programs complicate the issue, leading to employees being assigned to implement program elements without sufficient training
- Trainings provided by the County are considered high quality, though they may be more general and not very specific to each job
- Knowledge of training opportunities varies across groups, some divisions announce their trainings (e.g. E&E) while others may not do so as consistently; employees must seek out and search for County trainings

## Detailed Findings: Employee Focus Groups

### Any change will face challenges from within and beyond HSS

Employee's believe any HSS change will need to address significant challenges including:

- Removal of silos when the State itself is very siloed
- Severe shortage of IT staff to address technology updates, and improve information sharing systems
- Constraints on county HR which leave employees confused about why things happen
- The size of the department makes change implementation more difficult
- Changing the way leaders think about and approach things, so employees can embrace it

## Detailed Findings: Employee Focus Groups

During Focus Groups, Employees were engaged in groups to design the future HSS organization; the following categories and ideas directly represent employees' recommendations and vision for HSS's future.

### A shift toward greater integration across the department, characterized as:

- A one stop shop
- Central hub, with service experts
- Taking on the burden of routing internally and off of the client
- Having internal liaisons to better enable access to information and services across divisions
- Having multi-disciplinary teams
- Decentralized and flatter than the current state
- "Wheel" shaped rather than the current top down hierarchy
- Co-locating and embedding employee across divisions for service delivery
- Leveraging E&E as the entry point, and bringing in all divisions to coordinate and direct the work

### Improve resources with better access, for instance:

- A better website and SharePoint access
- Better equipment for programs
- Updated technology including (FaceTime, Texting, AI, Dropbox, IOS and Android staff)
- Shared electronic records with accessibility

### Increased support from analysts, fiscal, contracts, administration..., including:

- A contracts unit to administer contracts, thereby shifting program employees toward their area of expertise
- Fiscal employees who can bridge between services and payment
- Removal of program integrity responsibility from HSS, for better checks and balances on internal quality
- Embedded IT support

### Greater focus on value of employee through:

- Staff development and training opportunities without having to provide onerous justification
- Employee recognition and appreciation
- More manageable workloads, and reducing employee turnover
- Variable resources, such as "relief team" to support units "drowning in work" due to staff shortage
- Employee evaluations of managers, and reverse accountability
- An HSS focused Personnel Director or HR
- Higher accountability to keep high performers motivated, by rewarding their efforts
- Involving frontline staff in process design, and generally looking for their input prior to change

### Greater levels of training and support for:

- Completing administrative and other work, for instance templates and desk manuals
- Best practices within Divisions and programs
- Raising awareness of services provided by each Division
- Cross training and cross-division collaboration
- Formalized networking across HSS
- Focusing on specifics needed to get the job done rather than general
- Essential skills, to potentially occur annually (e.g. customer service)

### Enhanced communication and information sharing, including:

- Greater interaction between managers across divisions
- Clear chain of command and expectations
- A dedicated communications function providing: managers for HSS, with supporting staff
  - Strategic communication plan
  - Regular updates, (e.g. Monday updates on programs)
  - Branding/messaging

### Streamlining of red tape and processes:

- For getting every day stuff done (e.g. a work order for AC repair)
- Related to travel, contracts, supplies, training, staff development..., to make things easier to find and do
- Through the involvement of those closest to the processes

### A culture that is characterized by:

- Proactive collaboration across groups
- Trust in and support for employees to perform their function (oversight and compliance)
- Accountability from the frontline to executives
- A focus on internal customer service
- Strong communication and transparency in decision making
- Placing value on feedback, rather than it being punitive
- Embracing "no bad ideas" policy
- Strong ownership from all employees
- Engaging challenges and identifying root causes
- Confronting inconsistencies and entitlement
- Execution of change

## Detailed Findings

### Leadership Interviews: Executive Team

HSS's executive leaders' understanding of the department's current performance, integration and collaboration are favorable relative to those of their direct reports and frontline employees. While acknowledging areas for improvement, the group has somewhat divergent ideas with regard to organization design and related factors.

#### Culture

- There is a sense in some areas that a culture of fear pervades, being heavily influenced by "Downtown". This manifests as limiting innovation and improvement for fear of being shutdown or devalued.

#### Bandwidth

- Jerry's bandwidth level is a concern for the group, though not necessarily owing to a shortage of contact or access. While all agree a second assistant makes sense for the size of the organization, some also see an opportunity to release more bandwidth through greater empowerment of deputies.

#### Current performance, integration and collaboration

- Leaders may look favorably on their current performance given a lack of strong criticism. They tend to look at the current ad hoc collaboration and integration as sufficient, which is somewhat at odds with perception of line staff, who believe "collaboration at the management level doesn't trickle down."
- There is acknowledgment that there is a gap to bridge and that more can be done to support collaboration and ultimately bring more services to each client

#### Organization design

- Group thinking on organizational design and overall design process are somewhat divergent
  - The sketch of organizational design makes sense to some especially when looked at through the lens of operational efficiency
  - Some don't have confidence in the organizational design process, seeing the sketch (Option #1 in Recommendations) as an already determined solution
- While leaders tend to solve for organization design from their perspective, they also bring a mix of approaches, on the one hand solving for bandwidth and operational efficiency, and on the other suggesting willingness to solve for client and community outcomes
- Exec team members don't strongly advocate for any one design including "the sketch" (Option 1 in Recommendations) or Integration (Option 3 Recommendations). They understand that accountability and reporting lines dictate action and can drive collaboration in the Governance structure, and also that co-location or integration (reporting lines) are not required for collaboration

#### Rollout

- Leaders strongly advocate for an effectively communicated roll out of any organization changes

## Detailed Findings

### Leadership Interviews: Administrators

- While communicating similar concerns as division leaders, administrator levels tend to have a less favorable view of their service delivery, holding a perspective more closely aligned with their frontline staff. They frequently cite:
  - Staffing and technology constraints
  - Difficulty in collaboration across groups, with diminishing service
  - Asking the client to meet HSS where it's at, rather than HSS meeting the client where they are at
- They think leadership at all levels of the organization is key and should be aligned and strengthened
- Communication and clarity of direction are cited as areas for improvement

# Recommendations



# Structure

How HSS organizes itself moving forward is heavily dependent on what specific problems management wants to solve through a new structure. The initial aim of this assessment focused on developing an organizational design that increased capacity primarily at the executive level. Through the course of the assessment, input from employees and best practices from peer organizations revealed opportunities to look at HSS's organization design more broadly. Specifically, the problems presented during the assessment extended beyond increasing capacity and firmly pointed toward integration, and a “no wrong door” approach toward client service.

- **Design the organization to address specific objectives:**

- Based on assessment findings, HSS can pursue three different organization designs, each solving a specific problem: **increasing executive level bandwidth, improving service delivery through collaboration, providing seamless service delivery through integration.** The organizational structure that is chosen will influence the direction of additional initiatives and actions stemming from this assessment.

	Option 1 Organized by Expertise	Option 2 Organized by Network	Option 3 Organized by Population
Organizing Principle	<b>Control</b>	<b>Leverage</b>	<b>Purpose</b>
Organizational Model	Vertical hierarchy	Vertical hierarchy + Networks	Matrix
What the model solves for	Aims to release Executive level bandwidth in order to improve service delivery	Aims to broaden and improve service delivery and department integration	Aims to put the client first and provide seamless full-service delivery with a strong focus on the clients' experience
Description	<p>Organizes around expertise primarily by shifting executive level reporting lines, in effect adding to the assistant director level.</p> <p>Functional areas will consist of:</p> <ul style="list-style-type: none"> <li>• Health Services</li> <li>• Social Services</li> <li>• Administration</li> </ul> <p>Each functional leader directly reports to the Department Director.</p>	<p>Enables service delivery through networks by enhancing collaboration, knowledge sharing and internal processes, within the current structure (or organization designed around expertise).</p> <p>Solutions may include:</p> <ul style="list-style-type: none"> <li>• Co-location of staff</li> <li>• Dotted reporting lines across divisions</li> </ul> <p>Deputy directors largely maintain their current oversight of their areas.</p>	<p>Organizes around populations rather than expertise, bringing all areas of Health, Behavioral Health, Social Services, E&amp;E etc... that provide service to a given population within one hierarchy.</p> <p>Each provider serving a population also maintains a direct reporting relationship to a Center of Excellence for their specialty (e.g. Behavioral Health Center of Excellence), to ensure quality delivery.</p> <p>Administration and Operational functions can remain standalone, or may be matrixed entirely or in select areas.</p>

Table continues on next page...

## Recommendations: Structure

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	Option 1 Organized by Expertise	Option 2 Organized by Network	Option 3 Organized by Population
<b>Advantages</b>	<p>Releases Director bandwidth by effectively having three Assistant Directors.</p> <p>Allows focused oversight of divisions and expertise.</p> <p>Does not significantly disrupt the organization or how services are delivered.</p>	<p>Releases organizational capacity by streamlining many aspects of service delivery (e.g. collaboration, processes...).</p> <p>Maintains a focus on technical expertise, and leverages enhanced collaboration to meet client needs.</p> <p>Focuses informal networks on clients and their needs.</p> <p>Does not significantly disrupt the organization through reorganization, though it does impact how services are delivered.</p> <p>Likely the least disruptive transition for leadership.</p>	<p>Puts the client and their needs first.</p> <p>Focuses accountability around integrated service delivery rather than performance within an area of expertise.</p> <p>Streamlines processes, handoffs, informal collaboration etc... for services delivered to a given population.</p> <p>Elevates focus on best practices alongside actual service delivery and management.</p> <p>Provides more flexibility to cater resources by population.</p>
<b>Challenges</b>	<p>Does not specifically solve for service delivery or the greater need for client centricity.</p> <p>Seemingly subordinates some existing functions and leaders by adding a senior level layer to the hierarchy.</p>	<p>Will require more focused understanding of collaboration opportunities drawn from the frontline.</p> <p>Will require a substantial and sustained focus on enabling collaboration through training and culture change.</p> <p>Collaboration gains are likely to dissipate over time, since they are not driven by accountability.</p> <p>Model relies on influencing and cross-functional collaboration skills, versus top down hierarchy.</p>	<p>Reorganization will pose a disruption, with many employees adapting to new reporting lines and changing job descriptions.</p> <p>A portion of employees will likely voluntarily leave the organizations.</p> <p>May require negotiation with labor.</p> <p>Requires increased level of trust, to achieve shared accountability and mutual dependence.</p> <p>Will require improved systems for accountability.</p> <p>Relies on influencing skills and cross-functional collaboration skills, versus top down hierarchy.</p>
<b>Time Required</b>	6 months to 1 year	2–3 years	3+ years

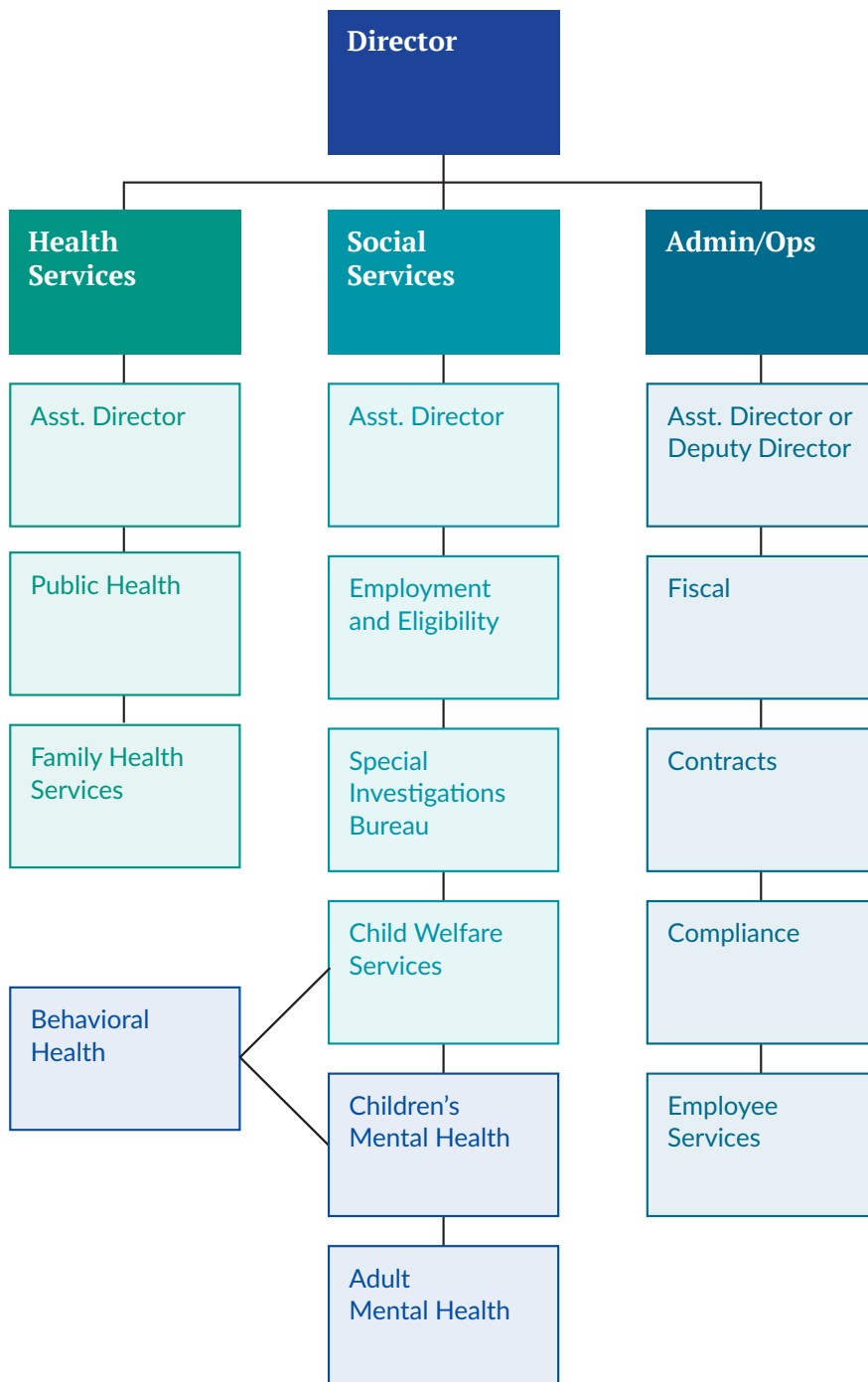
## Recommendations: Structure

### Option 1: Organized by Expertise

Releases Executive level bandwidth to improve service delivery. Reorganizes HSS around expertise and primarily shifts executive level reporting lines, reducing Direct Reports to the Agency Director and redistributing oversight, in effect increasing the number of Assistant Directors to two and potentially three.

Each Program or Service area remains accountable within a single hierarchy, though reporting to an Asst. Director rather than to the Director.

— Reporting Relationship



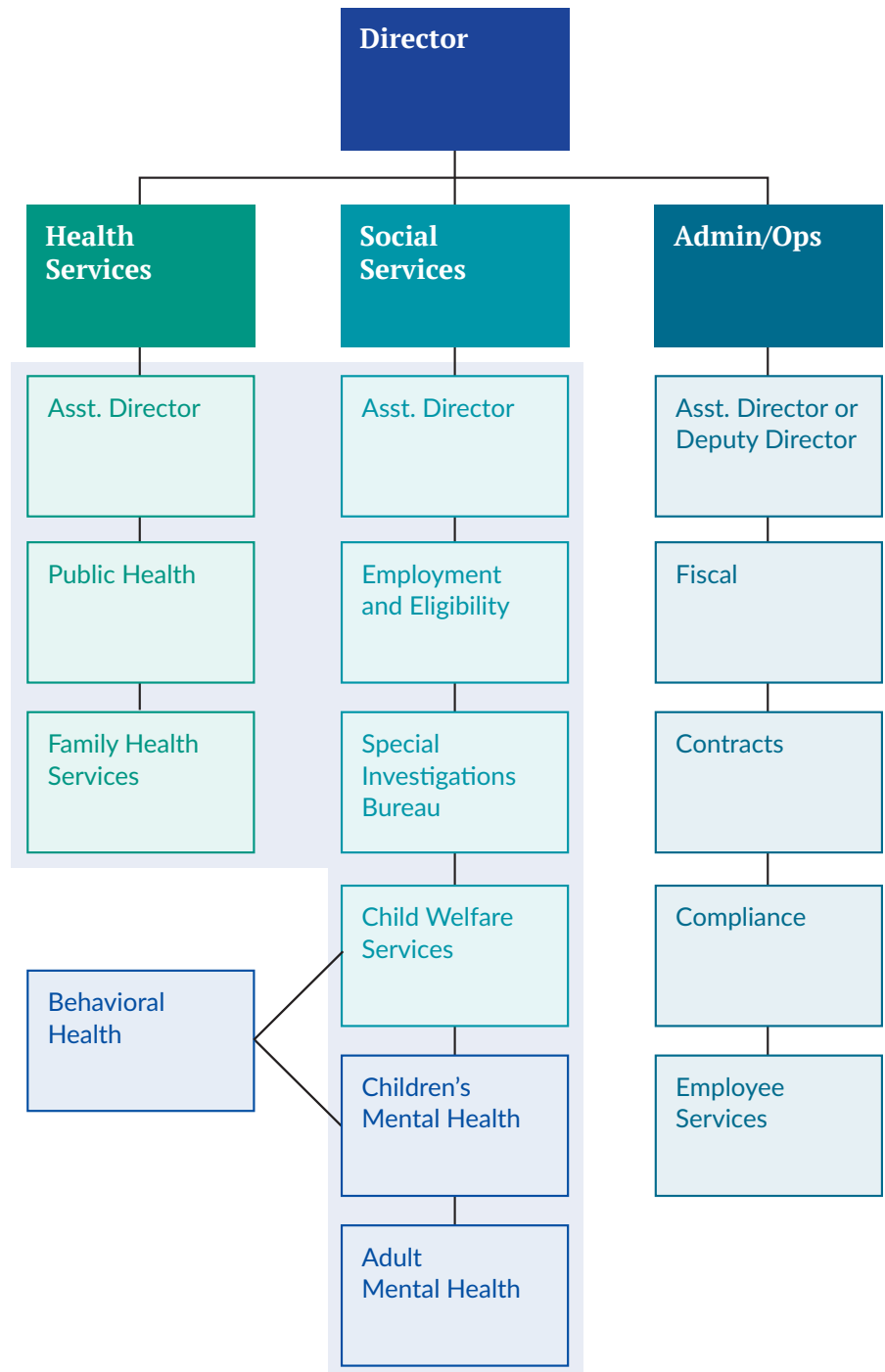
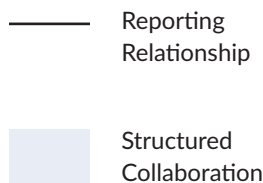
## Recommendations: Structure

### Option 2: Organized by Structure

Improves service delivery through networks, by formally structuring collaboration, knowledge sharing and internal processes, either within the current structure or within Option 1 (as shown below).

Each Program or Service area remains accountable within a single hierarchy to an Asst. Director or the Director.

Task forces, multi-disciplinary teams, and other structured collaborations will link delivery of services.

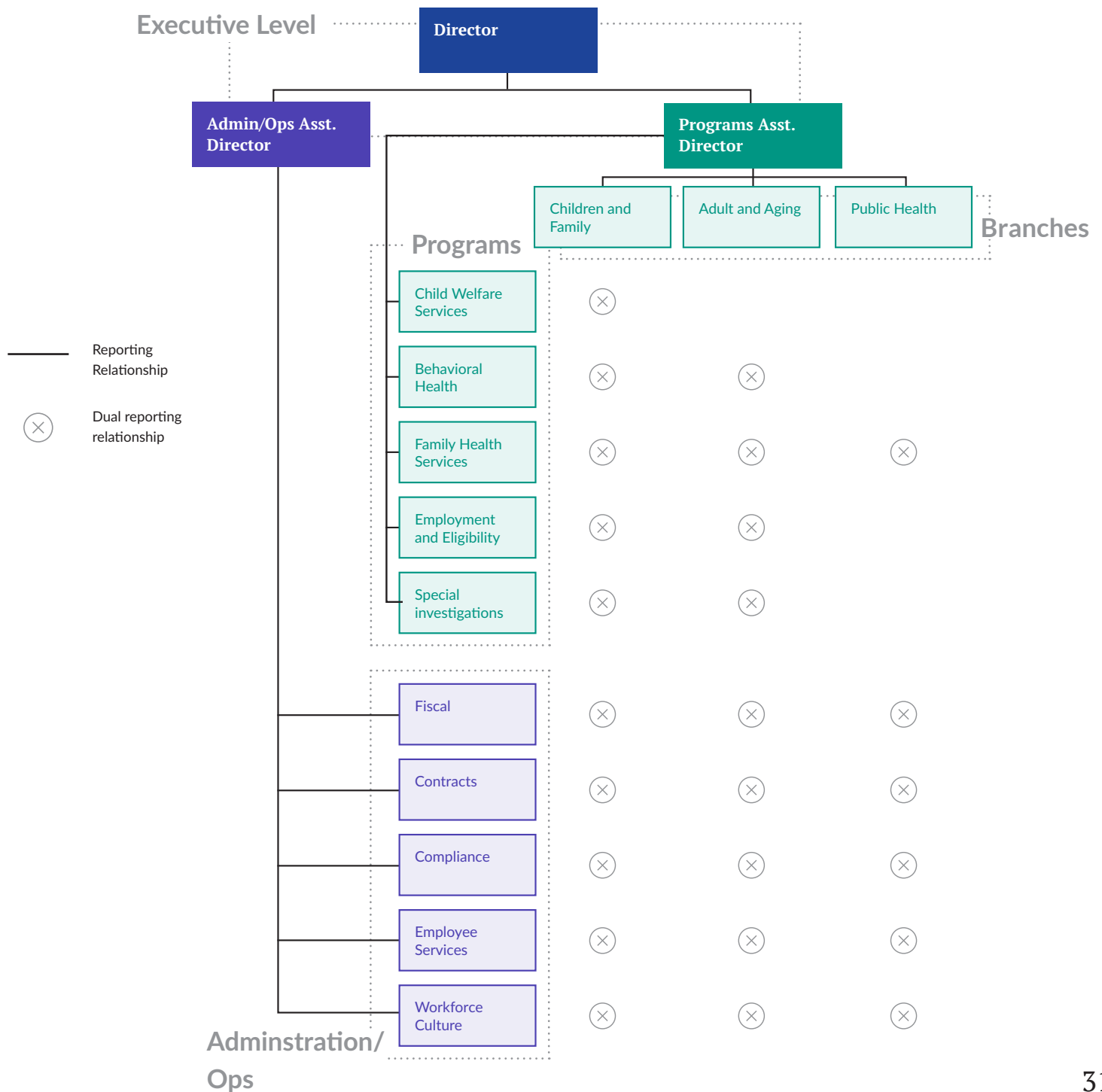


## Recommendations: Structure

### Option 3: Organized by Population

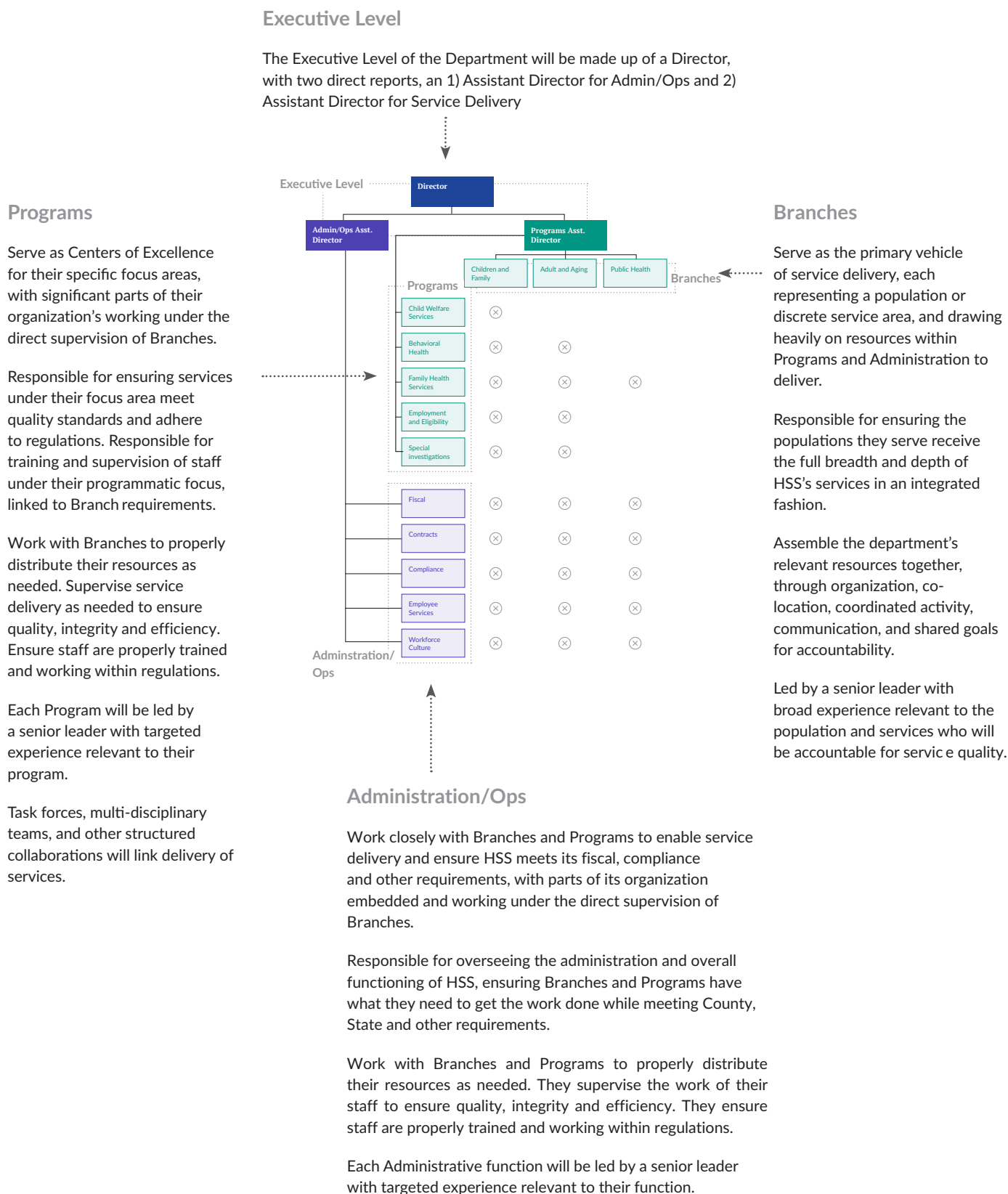
Puts the client first and provides seamless full-service delivery by reorganizing around populations, bringing all areas and Programs that service a given population under one hierarchy for greater accountability to client service.

The matrix organizes service delivery through three Branches with Programs and Administrative Functions embedding staff across them. This drives collaboration and integration through a formal structure and through dual accountability (see full explanation on following page).



## Recommendations: Structure

### Option 3: Organized by Population *Additional Detail*



## Recommendations: Structure

Based on the current state of cross-divisional collaboration and culture, the following actions are considered necessary steps for *bolstering the performance of any organizational design* HSS chooses to adopt.

- **Build structured collaboration in key areas**

Moving forward HSS must identify areas where service quality and efficiency will benefit from strong links and collaboration, and take necessary steps to ensure these links and collaborations are structured rather than haphazard. Whether collaboration between groups takes place should never be driven by the existence of personal relationships, proximity or bandwidth. Steps to structure collaboration will include but are not limited to:

- **Design collaboration into processes** and SOP, if it frequently takes a common form
- **Create standing touchpoints between groups** where proactive information sharing will improve or expedite service
- **Create cross-divisional or multi-disciplinary teams** assigned to address specific service areas

- **Significantly increase cross-functional awareness**

To bring the full breadth and depth of the department's services to clients will require employees have solid working knowledge of service capabilities across divisions. In any possible future, putting the client first will require that HSS makes a deliberate and sustained effort to ensure employees have a solid understanding of what services each division and bureau provides their clients or internal customers. The knowledge should be at a level to allow any employee to direct a client within the system to the group that may best serve them (e.g. limit to one internal referral). Steps to increase cross-functional awareness will include but are not limited to:

- **Showcase each division and its services** through multi-media communications for instance websites, videos, and at all-hands, management or team meetings
- **Develop a highly accessible overview of HSS's** divisions, bureaus and services that is at arm's length for all employees, this can take the form of an infographic, or highly user friendly online directly

- **Instantiate language and behavior that presents HSS as an integrated whole**

Success in a client-centric organization requires all groups within HSS to work as one. This is in contrast to an "us vs. them" dynamic in which employees identify with their divisions solely and may use blaming language toward other groups. For HSS to work as one, employees, starting with leaders, must think of HSS as a single entity; this thinking will then direct client-centric action. Shifting language and narrative will serve as key starting points for this change. Steps in shifting toward one entity are primarily focused on Department level and Division level communications, and include but are not limited to:

- Leveraging the **People First\*** communication campaign to promote a vision of a single highly client-centric HSS
- Use **language that reinforces HSS as a single entity** and diminishes differentiation between divisions
- **Couch the priorities of any division as HSS priorities** rather than belonging to the Division, e.g. fiscal budget process vs. program needs

\*People First - People First is a strategic communications campaign designed to address commonly cited communications gaps, and as importantly reinforce the vision, culture, structure, and operational elements of an HSS transformation



# Culture

The impact of culture on performance and service outcomes in any organization cannot be overstated. Organizational culture simultaneously provides the mechanisms for action (e.g. norms of behavior...) and also forms its backdrop. For culture to be an effective enabler, it needs to equally address two characteristics: it must support the right behaviors that achieve desired performance outcomes, and it must also create a positive environment where its employees want to contribute every day. In short, the culture must be one that allows both HSS and its employees to thrive.

HSS currently has a number of opportunities to develop its culture to achieve better outcomes and ensure employees are valued. While HSS is vast with many subcultures, the following recommendations apply to virtually all areas.

- **Build an employee-centric culture**

HSS currently appears to emphasize a focus on service delivery and operations at the expense of its employees who feel overworked and unsupported. Moving forward, HSS must balance client centricity and operational rigor with an employee-centric culture which equally weighs employee and service delivery needs. While all suggested actions throughout this report will positively impact the employee experience, we recommend a specific set of long-term focus areas and short-term actions, to shift culture and demonstrate employee appreciation.

### Short-term actions

The following actions should be completed within a 3-6 month period following this report, and should be made visible through the People First communications campaign.

- **Provide security and cameras for the Beck parking lot.** This will visibly demonstrate that HSS listens to, and cares for its employees by focusing on ensuring their safety.
- **Build a program to recognize HSS's high performers.** The program should identify individuals that embody HSS values (e.g. specific Leadership Principles) as recommended by colleagues and leaders. High performers should be publicly and visibly recognized for their actions, in order impact morale of recipients and reinforce aspects of culture.
- **Make HSS Director and Assistant Director visible across the Department's** facilities and groups. Leadership visits can be informal (e.g. joining line level meetings, hosting fireside chats...) and should focus on demonstrating appreciation of a group's efforts, listening to their concerns and providing a higher level of picture of the Department's direction and priorities.

## Recommendations: Culture

### Long-term focus areas

The following must become enduring focus areas for HSS.

- **Enhance information sharing throughout HSS.** Free and ready exchange of information across groups is vital to timely and quality client service, yet it is a challenge. Improvement will hinge on 1) establishing information sharing as a part of the job and culture, with appropriate accountability (e.g. for instance through dual or dotted line reporting), 2) ensuring information sharing is streamlined through the use of technology, common databases and broad organizational access to data. Overall, enhancing information sharing will require more in-depth understanding of the current state and future performance requirements.
- **Reflect employee input in decisions.** Engage employees as much as possible to provide input that may influence consequential decisions. Ensure the underlying logic of decisions and how employee input has been factored into a decision is well communicated and understood by employees. If the decision contradicts employee input, be transparent about the reasons why it does so.
- **Build trust by demonstrating it throughout the organization.** Take a critical look at where management practices, such as time reporting, policies around sick days, approval requirements, etc... may be inadvertently sending a message that management does not trust employees. Extend a greater level of trust by removing approval requirements, documenting decision-making logic and communicating decision process and criteria, and by assessing performance against outcomes rather than presence in the office. These and other specific actions will need to be sustained in order to build trust.

### ● Rollout Leadership Principles

The Leadership Principles outline the key behaviors that will move HSS into its desired future and bring the Mission and Values to life. Having been introduced to management, the Leadership Principles now need to be cascaded and effectively embedded throughout the organization. Ensuring this happens will require the following:

- **Rollout the Leadership Principles deep into the organization** through frontline level training that challenges employees to think through how they can live each Principle during the course of their daily work.
- **Tie Leadership Principles to employee recognition and accountability** in order to support building an employee centric culture. Link public recognition for performance (see previous recommendation on culture) directly to the Leadership Principles by asking leaders and employees to nominate colleagues for recognition whose specific actions embody the principles.

## Recommendations: Culture

### ● Drive accountability

Accountability, when in place, directly and indirectly impacts organizational performance. It assesses outcomes against specific targets, and it builds morale when high performance results in rewards and recognition. Moving forward HSS has a significant opportunity to enhance performance through better accountability, via the following:

- **Drive clarity around performance expectations**, tied to delivering on Divisional and Departmental objectives, so each individual understands how their performance will be assessed. Ensure this happens by providing administrators and supervisors with the tools to translate high level objectives to local action (e.g. strategic planning facilitation), and training them in setting clear expectations with employees (e.g. training on effective delegation).
- **Provide tools that allow managers to hold individuals accountable**. Holding an individual accountable may be considered more trouble by some managers than its worth, based on the work involved. Take steps where possible to streamline and reduce the effort involved for a manager to actually hold their direct reports accountable for underperforming.
- **Reward performance and disincentivize lack of performance**. Employees currently do not see differentiation in accountability between high and low performance, which is highly demotivating for top performers. Aligning rewards and consequences with performance expectations is very important and will be a long-term improvement area tied to culture change. To begin on this path, HSS must take a targeted approach and look at specific areas where underperformance is currently having the biggest impact on service.

***Any strong effort toward driving accountability must occur after early wins in building an employee centric culture.***

## Recommendations: Culture

- **Create a dedicated Workforce Culture role within HSS**

Building organizational culture, workforce development and related areas, often called Organizational Development, requires constant attention and benefits significantly from expertise. Without a dedicated role to oversee organization development, the task now falls on the shoulders of leaders and managers who are already stretched thin.

HSS can make a significant impact on the employee experience by creating a dedicated role for Workforce and Culture development. The role should be focused specifically on:

- Assessment of organizational health and employee engagement to understand areas for improving culture and performance.
- Leadership and talent development, to ensure HSS is growing its capabilities internally and valuing employees by investing in their development.
- Process design to ensure the organization as a whole is functioning efficiently.
- Training development and delivery to ensure employees across divisions have the information and skills necessary to best meet client needs.
- Supporting communications to ensure internal messages reflect employee sentiments and achieve the desired impact.

# Work Process

Over time all organizations tend to see a degradation of process integrity. This happens when service requirements evolve without a proportional shift or redesign of processes. The resulting state is one in which too much process and red tape results in wasted effort. Or conversely where lack of process leads to wasted effort in constantly rebuilding steps and reinventing the wheel.

HSS currently has opportunities to develop some processes while streamlining others, with significant positive impact on service delivery, employee workloads and morale. While service delivery is an obvious area for process improvement, more impact may occur initially by reducing the weight of internal processes, for instance travel approval or other administration driven processes. To improve processes, we recommend the following actions.

- **Design/redesign work processes**

Where possible, HSS should focus on redesigning processes in order to ensure the new state is clear of old patterns. However, given the complexity of the regulatory environment, broad range of stakeholders and change challenges within a large organization, process design may need to proceed incrementally. The following steps will lead to process design that best leverages the organization's resources and engages employees.

- **Identify processes for improvement** through a scan of the organization. This can be done by looking at service performance, interviews with leaders (and employees) close to the frontline, and targeted inquiry with employees to understand where they unnecessarily waste time. Specific criteria should be developed to surface areas for process improvement.
- **Prioritize processes** – With processes identified, determine criteria to prioritize the order in which processes are redesigned. Key factors to consider may include impact on outcomes, ease of redesign, dependency on other factors, e.g. IT improvements, visibility of outcomes across the organization and more.
- **Design (and redesign) processes with a focus on efficiency and the user experience.** This will help lead to processes that minimize resource requirements, and involve the fewest stakeholders, while also limiting challenges for users and increasing compliance.
- **Maximize process design input from frontline employees.** By virtue of actually delivering the organization's services, frontline employees often have the best understanding of process issues, making it critical to engage them during process improvement. Engaging frontline staff in process design will also allow greater buy-in and adoption of ultimate outcomes. Employee engagement can be leveraged through **Task Forces** setup to support process development in their areas of expertise.

***Any strong push toward process improvement should take place with clarity around the potential future organizational design.***

## Recommendations: Work Process

- **Enhance training**

Across HSS, inadequate training of new employees or training to support shifting service delivery requirements, is raised as an issue that inhibits service delivery and negatively impacts employee morale. Some employees have received minimal formal training for their jobs, while others are asked to take on new service delivery responsibilities without training. To address issues around training, we recommend HSS conduct an audit of training practices and quality across areas where there is high growth, high turnover, or frequently shifting service delivery requirements. Training development and delivery can be determined according to audit findings.

- **Build a business case for Technology improvement**

In modern organizations, process efficiency is closely tied to technology, which drives workflow and provides access to information. As indicated in the assessment, it is likely that throughout HSS opportunities exist for using technology to streamline processes or decrease employee workloads. While costly, technology holds significant potential for return on investment. HSS must deliberately focus on identifying where technology can streamline process, and use that data to build a comprehensive business case demonstrating the return on investment for technology improvements. This step must be undertaken with involvement from the County's IT stakeholders (e.g. those focusing on Enterprise Architecture) to ensure appropriateness of solutions and support for change.

# Resources

While resource constraints exist in all organizations, they are especially severe across many public entities, a circumstance also seen at HSS. In addition to limiting service delivery, constant resource constraints can put undue stress on employees, leading to decreased morale, lower employee engagement and ultimately, burnout and turnover. Resource challenges may never be fully remedied, however they can potentially be substantially improved by reducing resource demand. Process, culture and structural recommendations already noted will no doubt improve the current state. The following recommended steps will build on those improvements.

- **Assess data management systems for improvement opportunities**

Accessing data and information sharing are particularly difficult within HSS due to the lack of systems that link client information across divisions. As a result, employees spend time and energy looking for, requesting and accessing information. To lessen the load around information sharing, HSS must take a concerted approach to understanding its data sharing and database needs. In building databases and technology, HSS may be able to leverage existing platforms and technology architecture being leveraged by its peer organizations.

- **Identify ways to decrease caseloads or explain why**

HSS caseloads are significant, and how they are balanced or justified may not be effective and potentially a cause for decreased morale. Employee perceptions are that caseloads are unevenly distributed and their requests for support fall on deaf ears. To address the issue, HSS must take a close look at the distribution of caseloads across employees and identify underlying root causes to avoid issues in the future (e.g. varying employee capabilities, lack of training, process for assigning caseloads...). HSS must also take steps to ensure employees' resource concerns are heard, and are properly explained if they cannot be addressed.



# Job Design

Job Design essentially relates to the scope boundaries of each position within HSS. In some cases, boundaries are set by classifications, which may lose relevance overtime as roles evolve due to service delivery needs. In other cases, the boundaries of jobs are limited by employees themselves as they become rooted in their daily work. The result in either case is that employees think of their work as narrowly confined, for instance as working a particular division and concerned about their outcomes rather than working for HSS as a whole and responsible for all of the department's outcomes. HSS has an opportunity to evaluate job design to pinpoint how they can be improved to broaden employee thinking around their role. To improve job design and identification with roles we recommend the following.

- **Shift deputy mindset from being division leaders to HSS leaders**

For many of the changes suggested in this assessment to come to fruition, the HSS leadership team must begin to function as a more cohesive unit. Achieving this state is rooted in how deputies think of their role, either as divisional leaders or as HSS leaders. Currently HSS leadership places a bit more of its emphasis on individual divisional outcomes. A future state, where HSS is even more client-centric will require leaders to look at and own department level outcomes as much as their divisional outcomes. This step can be accomplished through focused team building and leadership discussions within the context of becoming more client centric and potentially shifting toward a different organizational design.

- **Assign a Taskforce to assess the impact of job classifications**

To ensure job classifications are not negatively impacting the job's design, HSS can convene a task force with a mandate to examine the relevance and impact of job classifications. This step will be particularly important if HSS pursues a reorganization. If done outside the context of reorganization the task force will be well served to focus on areas where organizational changes have been difficult due to job classifications. Relying on support partners, this work should be done in collaboration with County HR to ensure appropriateness of solutions and support for change.

- **Develop shared understanding that the job is more than the classification**

Beyond looking at job classifications, HSS will benefit from developing a shared understanding amongst employees that their work need not be confined by their classification, or even their particular role. The intent for this shift in thinking is to move toward a unified vision, rather than siloed and compartmentalized view of HSS. This shift will require a sustained effort and reinforcement by leaders, beginning with consistently voicing it within the People First communication campaign. Essentially, employees have two jobs: to represent the full scope of HSS as well as being responsible for their particular domain.

# Implementation & Action Planning

# Implementation and Change Management Plan

To aid in thinking through how the recommendations are implemented, three lists of tactical activities (short, medium and long-term) will help begin to translate the recommendations to actions.

## Short-term – mo 1–6

- Determine HSS organizational design and gain buy-in from stakeholders
- Rollout Leadership Principles
- Launch People First communication campaign focusing on, mission, vision and values that will guide HSS into the future... communicating quick wins
- Execute short-term actions to build employee centric culture (security, recognition, leadership visibility)
- Instantiate language and behavior that represents HSS as a whole
- Shift deputy mindsets from being division leaders to HSS leaders
- Organize task forces to dive into process design

## Medium-term – mo 7–18

- Plan and execute reorganization
- Build multi-disciplinary teams as a vehicle to structure cross-functional effort
- Organize task forces to address accountability, training, data systems and technology analysis, training, caseloads, job design and classifications
- Build business cases for technology, resourcing, and process improvements
- Develop tools to drive accountability
- Create a dedicated Workforce Culture role
- Expand cross functional awareness

## Long-term and ongoing

- Plan and execute reorganization
- Enhance information sharing
- Reflect employee input
- Build trust by walking the talk
- Identify ways to decrease caseloads or explain why

The information learned during the Organizational Assessment will directly inform the design of the Scenario Planning\* workshops. The Scenarios used to support the long-term strategic planning will incorporate external emerging trends and internal departmental challenges to include employees in planning and problem solving. Leveraging the power of employee knowledge and commitment as a cornerstone of inter-agency planning will yield benefits to both community impacts and employee engagement.

\* Scenario Planning - Scenario Planning is a robust exercise that elaborates strategic plan(s) to address potential scenarios influenced by external emerging trends and department challenges

# Appendix

# Peer County Benchmarking: Best Practices

## Shasta County

Tracy Tedder, HHSA Business and Support Services Branch Director

### Context

Founded as a superagency in 2006/07, Shasta County HHSA organized as a target-population specific structure to **“help our local residents in an integrated way with the variety of social, physical and behavioral health challenges they face.”**

Prior to consolidation, Shasta faced **programmatic and department-wide siloing, disorganized service delivery to clients, overspending on hospitalization costs and fiscal inefficiency** as a result of a lack of communication between branch directors and program and admin staff.

### Solution

Current structure reflects ongoing reorganization established by 2011-2020 Strategic Plan

- The first 10 years of the Strategic Plan focused on integrating each individual branch and providing consistent messaging for people who hadn't worked together prior
- The recently revised Strategic Plan is focusing on agency-wide integration, improving inter-branch communication and implementing new policies and customer service standards. Additionally, they plan to strengthen external partnerships and community mobilization to better respond to issues of substance abuse.

**Organized by customer life cycle and region** (Children's Services, Adult Services, Public Health, Regional Services and Business and Support Services branches)

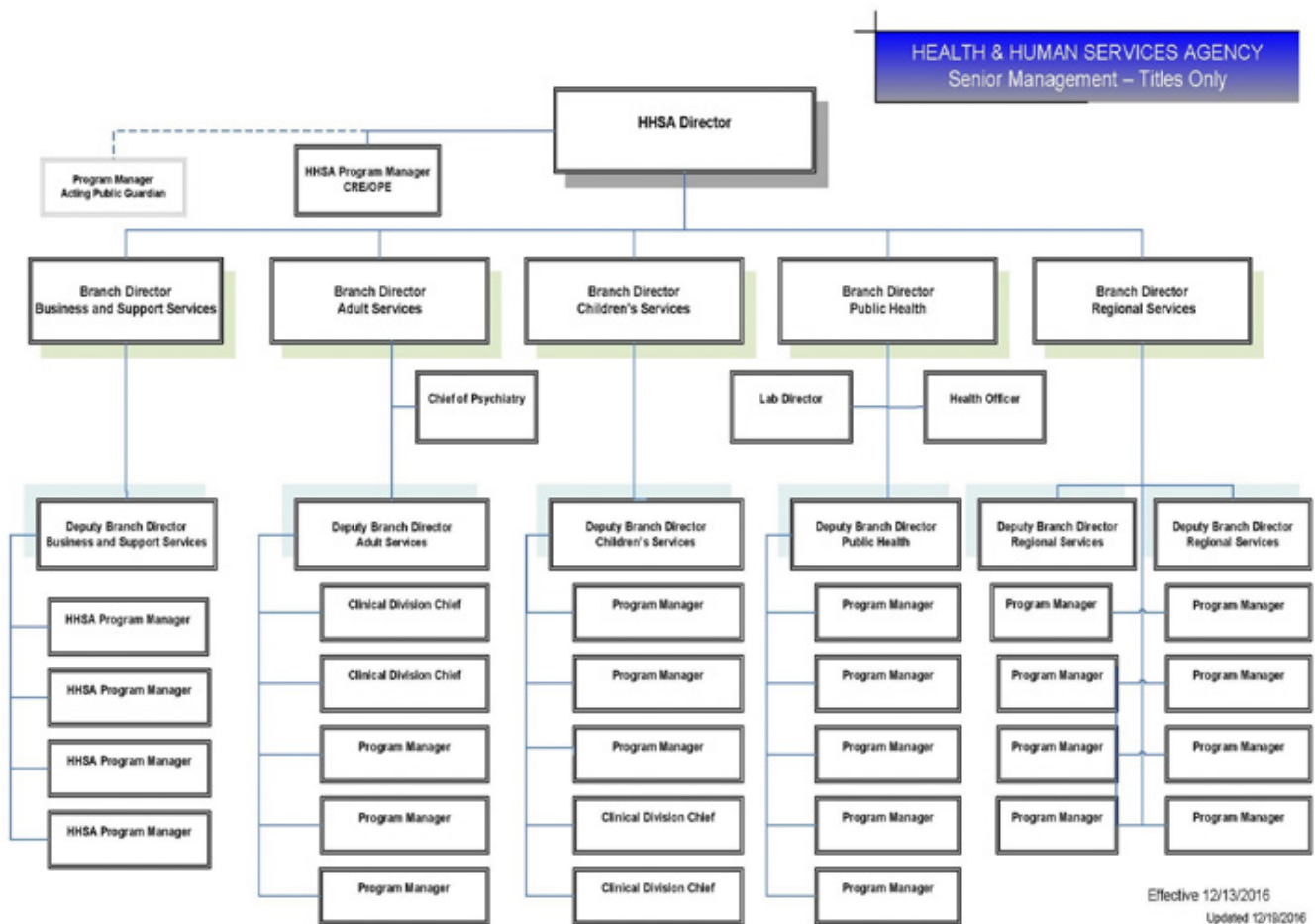
- All administrative functions that operate across branches exist under the Business and Support Services branch
- **Agency Director has 6 direct reports and 1 dotted line reporting relationship**
  - All Branch Directors report to the agency director
  - HHSA Program Manager oversees Community Relations Unit/Outcomes, Planning and Evaluations
    - This is one individual who handles internal and external communication and coordinates across different branches, stakeholder groups and peer supports.
- Currently in discussion to promote Business and Support Services Branch director to Assistant Agency Director Role
  - While it served the new structure initially to have all branch directors equivalent, the role has expanded as the agency has grown to operate as an “in between,” for programs and finance and between county and agency.

## Appendix: Best Practices

### Impact

Shasta County has seen success by **promoting leadership with a preventative care mindset** and a balance of interpersonal skills and administrative knowledge

- An emphasis on prevention prioritizes mental health care and reduced hospitalization, therefore reducing costs.
- This restructuring to integrate Business and Support Services staff across all branches has opened up resources across the agency and creates more flexibility for funding by making fiscal staff more available to all programming staff and to each other.



## Appendix: Best Practices

### Placer County

Jeff Brown, HHS Department Director

Rebecca Mellot, Former HHS Administrative Director

#### Context

Though Placer County has long been considered a pioneer as one of the **first Health and Human Services agencies to integrate in the mid-1990s**, since 2011 they have been undergoing an additional restructuring with a focus on the **integration of the administrative division and breaking down silos within the agency**. They are **organized by population, offering two systems of care for Adults and Children's Services** and supported by a centralized Admin/Fiscal division, Public Health division, Human Services division and finally, Environmental Health and Animal Services.

Agency director, Jeff Brown, recognized the importance of structure but emphasized the need for trusting relationships nurtured by a collaborative environment and culture as a pivotal element to success.

#### Solution

While **more fiscally complicated, Placer is committed to creating intensive and wraparound programming** that address what individuals actually need to survive, especially for the most resource-needy clients. Current structure highlights a number of mechanisms in place to support integration and collaboration to better serve clients and families.

- Agency Director has 8 direct reports including Division Directors, Staff Services Manager and a Secretary
- **Children's System of Care is entirely co-located and working as a multi-disciplinary team**
  - Probation officers work directly with mental health officers and child welfare services to provide family advocates and build a case together
- **Mental Health Director also serves as the Adult Services Director** to better tackle the issue of getting adults into timely mental health services.
  - **Over the last year, Placer has reduced this process from 3 months to 3 weeks.**
- Coordination committee created to specifically focus on Homelessness with representatives from all divisions plus sheriff and probation.

#### Impact

Following challenges with the county's IT Division and conflicting directives, the Agency is committed to moving toward a data warehousing system and enhancing data collection, analysis and public dashboards.

- In the meantime, they now hold monthly Directors Meetings that include IT staff to improve IT-Executive communication and streamline processes and IT knowledge.

One of the ways Placer has implemented the **Whole Person Care approach is through bundled payment options in which clients pay per member per month, rather than a fee for service.**

## Appendix: Best Practices

### Yolo County

Rebecca Mellot, HHS Assistant Agency Director

#### Context

Following a relatively recent integration in 2015, Rebecca Mellot (formerly of Placer and Shasta counties) was brought in as Assistant Agency Director to oversee all administrative functions and reorganize the agency for more efficiency. The **agency is organized by population**, with a branch dedicated to Children, Youth and Family and another to Adult and Aging and are supported by an Administrative branch, run by Ms Mellot, and a Community Health branch. With a **focus on offering a continuum of care, Yolo works diligently to offer a “no wrong door,”** approach, relying on a centralized call line and the ability for **any client to walk into the agency and have access to as many services as they might need with as few assessments as possible.**

#### Solution

In this model, **the agency director has 6 direct reports**; Assistant Agency Director, Child, Youth and Family Director, Adult and Aging Director, Community Health Director, a part-time Health Officer with no direct reports and finally, a Service Centers Branch Director.

With a great deal of experience, Ms Mellot suggested the following structural and collaborative approaches to creating a customer-centric agency that serves each client holistically.

- All administrative functions report to one person who understands the financing of all branches and how they work together.
- Program managers work together to teach each other about their programs and create coordinated case plans.
  - Implement linkages programs and write case plans with eligibility and financial services at the table
  - Mental health directors sit in both Children, Youth and Family and Adult/Aging
- While the challenge of translating an integrated financing approach into state and federal funding streams (organized around specific services) is challenging, having an agency wide compliance committee helps ensure quality from a data driven approach.

#### Impact

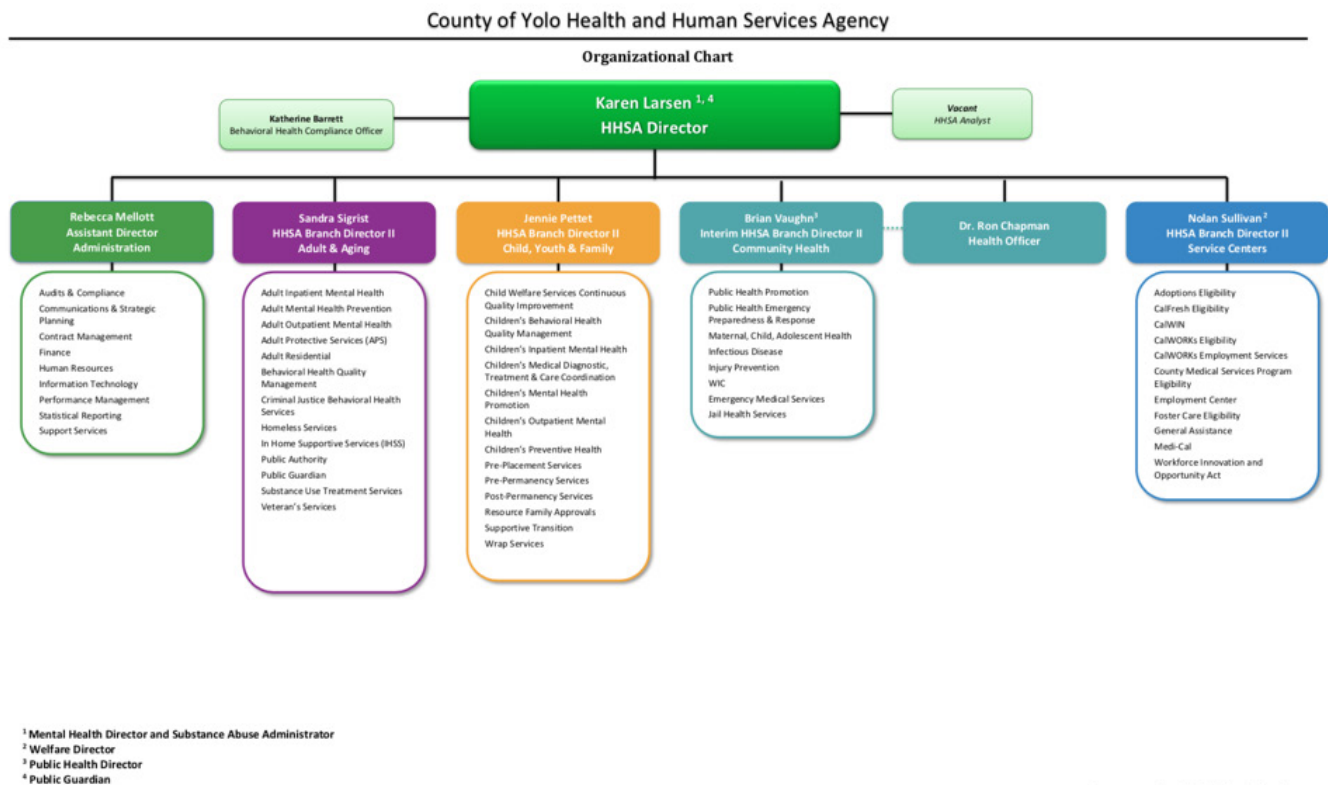
In FY 2016-17, Children, Youth and Family Branch's Mental Health (CYF-MH) program met its program objectives by ***establishing an internal team of 3 clinicians, 2 mental health specialists, a child welfare services social worker and a child welfare services manager.*** Identified successes are in large part attributed to the ***program's integration and partnership with multiple HHSA partners***, including the department of Employment and Social Services, the Adult and Aging Branch, the CA Children's Services and Child Welfare Services.



## Appendix: Best Practices

The Adult Wellness Alternatives program implemented several strategies for supporting adults with mental health issues and who were experiencing homelessness and incarceration by expanding programs and partnerships. ***HHS decreased the percentage of Full Service Partnership consumers experiencing homelessness by 75%. Of the program's 105 consumers, 103 of them (98%) were not incarcerated. The Adult Wellness AOT program had a 40.7% reduction in days spent hospitalized (from 572 to 339 days), a 18.7% reduction in days spent incarcerated (from 203 to 165 days), and a 60.9% reduction in days spent homeless (from 448 to 175 days).*** The program also notes increased socialization in the Wellness Centers.

Senior Peer Counseling mobilizes volunteers from the community to provide free, supportive counseling and visiting services for older adults aged 60+ in Yolo County who are troubled by loneliness, depression, loss of spouse, illness, or other concerns of aging. **The program notes that the number of clients served by Senior Peer Counseling has doubled during FY 2016-17.**



UPDATED: August 23, 2018

## Appendix: Best Practices

### San Diego County

Dale Fleming, HHSA Strategy and Innovation Director

#### Context

Serving a population of over 3 million people in a profoundly diverse and quickly changing region, San Diego has built a deliberately interwoven Health and Human Services Agency designed to serve the rich and poor, inland and coastal, young and old, urban and rural. **Prior to their current structure, implemented in 1998, they operated as two agencies siloed through funding streams**, with a one size fits all policy approach that met about 80% of the populations' needs but left too many unserved. The **organization is overseen by the CAO, a deputy within HHSA, and the COO, with support from a financial executive for the county**. Additionally, they are directly connected to the community through Live Well San Diego, a community-based initiative launched in 2014 to improve awareness and health throughout the county. In the early stages of the reorganization, they were met with tension and a struggle for power and autonomy, however, with time and a commitment to improved communication and branding, they have imbued the agency with a culture of acceptance and shared vision.

#### Solution

Organized by a dual-matrix structure, San Diego **delivers 6 programs through 6 regions, overseen by 3 regional directors**. Each regional director acts as an implementor for the agency's priorities and practices, while deploying assets and resources on the ground based on specific needs and regional differences. The agency relies on **interwoven goals and expectations at the executive level that are then driven down by region**.

Since **moving to this model in 1998**, San Diego has spent much of the last 20 years refining their communication efforts and coordinating across the leadership and frontline staff, finding as many opportunities as possible for cross-department collaboration and internal/external partnerships. Most important to maintaining this structure is the need for a single voice and a shared goal and vision from the top to the bottom of the agency.

**Programs are organized into 6 departments: Aging and Independence Services, Public Health, Child Welfare Services, Eligibility Operations, Behavioral Health and Housing and Community Development.**

Underpinning this complex structure is an expansive Administrative Department including the Office of Medical Care Services, Office of Strategy and Innovation, HR, Information Technology Services, Office of Business Intelligence, Office of Integrative Services and Connect Well San Diego.

- The Admin division works directly with programs to ensure they understand both traditional revenue streams and the opportunities for innovative funding practices.
- The Agency works hard to ensure those on the frontline are well informed and onboard with all decisions and changes, prioritizing empowerment, delegation and a bottom-up transfer of information.
- They hold weekly Executive Cabinet meetings for updates and HR issues followed by Executive Team meetings to discuss deployment and implementation.

## Appendix: Best Practices

### Impact

In 2017, San Diego, increased the number of customers served by email at the Access Customer Service Call Center by **103% (39,854 to 81,010)**, **by promoting alternative pathways** for individuals and families to access information about self-sufficiency programs and their ability to provide information electronically.

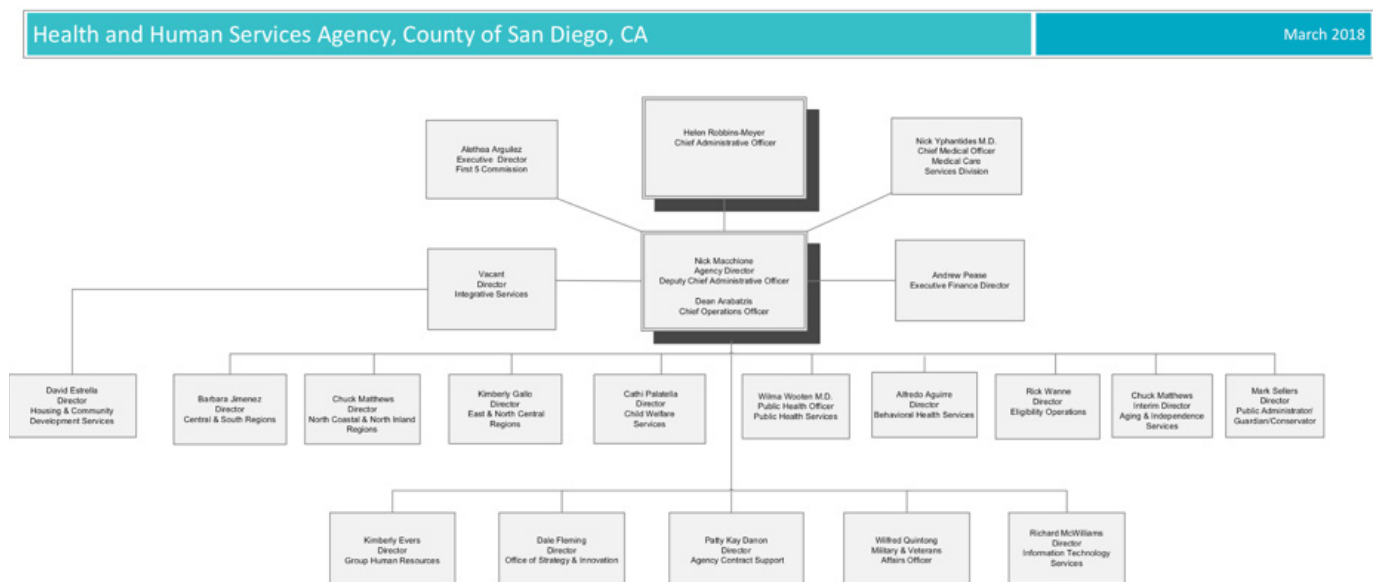
**Diverted 47% (3,685 of 7,852) of individuals from psychiatric hospitalization or incarceration through crisis intervention services** provided by PERT, which include linkages to appropriate services. The PERT model pairs a clinician with law enforcement to ensure appropriate response to an individual who may be experiencing a mental health crisis.

**Provided 90% (140 of 156) of youth enrolled in intensive home based services (i.e. Wraparound) with resources to help them remain or be placed in a home-like setting**, this further improved their connection to home and community and reduced the use of costly group home placements, in accordance with the California Well-Being Demonstration Project.

**Maintained 99% (546 of 550) participation in the Multipurpose Senior Services Program (MSSP)** case management for seniors by providing resources and/or assistance that helped avoid, delay or remedy **inappropriate placements in nursing facilities**.

**Recertified 98% (24,495 of 25,066) of annual reassessments for IHSS timely so that older adults and persons with disabilities received the appropriate level of care to remain safely in their own home**, exceeding the State performance expectation of 80%.

**Served 9,521 (4% increase) older adults and caregivers who are vulnerable to mental illness in collaboration with Aging & Independence Services, and improved their access to prevention, early intervention and treatment services.**



## Appendix: Sources

### HSS Interview List

**Aaron Crutison**, Child Welfare  
**Andrew Williamson**, Behavioral Health  
**Angela McClure**, Compliance  
**Angela Shing**, Employment & Eligibility  
**Bela Matyas**, Public Health  
**Brigitta Corsello**, County Administrator  
**Connie Patterson**, Administration  
**Debbie Vaughn**, CAO Analyst  
**Debrah Ditto**, Administration  
**Emery Cowan**, Behavioral Health  
**Esala Nakalevu**, Administration  
**Girlie Jarumay**, Administration  
**Janine Harris**, Administration  
**Jayleen Richards**, Public Health  
**Joyce Goodwin**, Public Health  
**Kelley Curtis**, Employment & Eligibility  
**Kristen Neal**, Administration  
**Leticia De La Cruz- Salas**, Behavioral Health  
**Lisa Lin**, Administration  
**Meg Nealon**, Special Investigations Bureau  
**Michael Stacey**, Medical Services  
**Niccore Tyler**, Administration  
**Sandra Sinz**, Behavioral Health  
**Santos Vera**, Medical Services  
**Ted Selby**, Medical Services  
**Teri Ruggiero**, ODAS  
**Tess Lapira**, Administration

### Best Practice Interview List

**Amie Miller**, Behavioral Health Director,  
Monterey County Health Department  
  
**Dale Fleming**, Strategy and Innovation Director,  
San Diego County Health and Human Services Agency  
  
**Jeff Brown**, Director,  
Placer County Health and Human Services Department  
  
**Rebecca Mellot**, Assistant Agency Director,  
Yolo County Health and Human Services Agency  
  
**Tracy Tedder**, Business and Support Services Director,  
Shasta County Health and Human Services Agency

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# Organizational Assessment

## Early Findings

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# Employee Focus Groups

# Employees are skeptical about change stemming from organization assessments

Employees express skepticism and reluctance toward the organizational assessment process, since previous efforts and initiatives have produced few known results. Despite their skepticism, they believe in leaderships' intent to do good, they actively participate in the process and ask for greater involvement and transparency.

# Success is currently enabled by commitment to service and specific practices

The quality of people and commitment to service, along with co-location of services/programs and discrete group practices, are cited by employees as what works well and will enable successful service delivery.



# Process development and streamlining are necessary for improving performance

A lack of process, or burdensome processes are both considered issues that detract from service delivery and overall performance. “The behaviors required to navigate the system don’t represent people at their best.”

# Collaboration is complicated by divisional silos

Silos are making collaboration across divisions more difficult with potential impacts on client service. This dynamic is partly due to structure and lack of formalized collaboration processes, and is to a certain extent mitigated by employees through personal cross-group relationships.

# Employees believe they are undervalued

There is widespread perception across employees and divisions that they are undervalued, as demonstrated by lack of development opportunities, workload and involvement.

# Lack of resources is a consistent performance inhibitor

Lack of resources and staffing is consistently and frequently cited as an issue that inhibits the performance of the department. While there is an understanding of constraints, employees believe more can be done with regard to adding resources.

# Priorities and their underlying logic are not clear to employees

Competing and shifting priorities are common across HSS, and the underlying logic behind decisions and changes are typically not clear for employees.

# Employees want more transparency and executive level communication

Communication is broadly considered to be an improvement area, primarily with regard to increasing frequency of executive communications, more effective cascading through the organization and more strategic communications planning.

# Information sharing is labored but very necessary for effective service delivery

While information sharing is seen as key to servicing clients, it is also difficult given the current structure and practices in HSS.

# Significant opportunities exist for better linking services and enabling collaboration

HSS while linking a range of services, has significant opportunity for better service integration and cross-divisional awareness and collaboration in order to better serve clients.



# HSS culture can be strengthened and more supportive of employee efforts

HSS culture is firmly grounded in a commitment to service, in some areas however the culture may be hindering rather than enabling service and performance, particularly with regard to adherence to hierarchy, low support for innovation, some apathetic employees and pockets of contention.

# Any change will face challenges from within and beyond HSS

Employee's believe any HSS change will need to address significant challenges including

- Removal of silo's when the State itself is very siloed
- Severe shortage of IT staff to address technology updates, and improve information sharing systems
- Constraints on county HR which leave employees confused on why things happen
- The size of the department makes change implementation more difficult
- Changing the way leaders think about and approach things, so employees can embrace it

# When asked to design HSS for the future, employees collectively envision...

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A shift toward greater integration across the department, characterized as a one stop shop

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Improved resources with better access, for instance

- A better website and SharePoint access
- Better equipment for programs
- Updated technology (FaceTime, Texting, AI, Dropbox, IOS and Android staff)
- Shared electronic records with accessibility

—

Increased focus and value on the employee, through staff development and training opportunities

—

Streamlining of red tape and processes

—

Increased support from analysts, fiscal, contracts, administration

—

Greater levels of cross-program training and support

—

Enhanced communication and information sharing

—

A culture that is characterized by

- Proactive collaboration across groups
- Trust in and support for employees to perform their function (oversight and compliance)
- Accountability from the frontline to executives
- A focus on internal customer service
- Strong communication and transparency in decision making
- Placing value on feedback, rather than it being punitive
- Embracing “no bad ideas” policy
- Engaging challenges and identifying root causes
- Confronting inconsistencies and entitlement
- Execution of change

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# Leadership Interviews

# Executive team

HSS executive teams' understanding of the department's current performance, integration and collaboration are favorable relative to those of their direct reports and line staff. While acknowledging areas for improvement, the group has somewhat divergent perspectives with regard to organization design and related factors.

## — Culture

There is a sense in some areas that a culture of fear pervades, being heavily influenced by “Downtown”

## — Bandwidth

Jerry's bandwidth level is a concern for the group, though not necessarily owing to a shortage of contact or access. While all agree a second assistant makes sense for the size of the organization, some also see an opportunity to release more bandwidth through greater empowerment of deputies.

## — Current performance, integration and collaboration

- Leaders may look favorably on their current performance given a lack of strong criticism. They tend to view the current ad hoc collaboration and integration as sufficient, which is somewhat at odds with perception at the frontline.
- There is acknowledgement that there is a gap to bridge and that more can be done to support collaboration and ultimately bringing more services to each client

# Executive team ...continued

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## Organization design

- Group thinking on organizational design and overall design process are not aligned.
- The sketch of organizational design makes sense to some especially when looked at through the lens of operational efficiency.
- Some are questioning the organizational design process, seeing the sketch as an already determined solution.
- While leaders tend to solve for organization performance from their perspective, they also bring a mix of approaches, on the one hand solving for bandwidth and operational efficiency, and on the other suggesting willingness to solve for client and community outcomes.
- With regard to org design, there are no strong leanings toward either the 'sketch' or a matrix. They do think that reporting lines will dictate where people focus, hence a new model of structural integration will focus staff more directly on collaboration. That said, they don't think integration is necessary to drive service delivery collaboration.

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## Rollout

Leaders strongly advocate for an effectively communicated roll out of any organization changes.



# Administrators

While communicating similar concerns as division leaders, administrators tend to have a less favorable view of their service delivery, holding a perspective more closely aligned with their line staff. They frequently cite:

- **Resource and staffing constraints**
- **Difficulty in collaboration across groups, with diminishing service**
- **Asking the client to meet HSS where it's at, rather than HSS meeting the client where they are at**

They think leadership at all levels of the organization is key and should be aligned and strengthened

Communication and clarity of direction are cited as areas for improvement

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# Best Practices Research



# Organizational Structure

Foundationally, for a Health and Human Services Super-Agency to be both an efficient and innovative enterprise, it must be organized as a matrix flexible enough to encourage collaboration while maintaining a strong through line of policies, culture and vision to guide purpose.

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**“If you’re planning to integrate, there is no point in staying siloed around public health, mental health, etc. At the end of the day, look at the population and the programs you run to serve them.”**

- Rebecca Mellot, Yolo County

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Shasta, Yolo and Placer Counties moved to systems of care organized by population while San Diego organized their care delivery by region. Both approaches have proven to be more successful by offering specific services that support each other and address the whole client.

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Multiple Agency and Branch directors explained that the population/region approach was more complicated fiscally because it does not align with the state and federal funding streams (organized by program), but they believe it to be the best and most efficient service delivery approach.

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Co-locating multidisciplinary teams further encourages integration and coordination, and develops better understanding of roles and responsibilities across departments.

# Partnerships

Tapping the expertise of the community and joining forces with existing companies is a necessary step toward solidifying HSS's role in the county as both a resource for support and advocate for local organizations.

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Placer and Shasta Counties shifted clinic oversight and management to community-based healthcare organizations who have more bandwidth for growth and can offer expanded services to the county.

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San Diego relies on external organizations to oversee 70% of Mental Health Services and 100% of Substance Abuse Services.

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Feedback is that by shifting programs to community partners, the agency is less isolated and more integrated in the community, and can respond to issues more proactively and efficiently.

# Work Practices

Creating systems and structures to support collaborative efforts is key to best serving populations in need. It is widely understood that no issue exists in a vacuum and it is up to the HSS agency to recognize and provide the continuum necessary for the clients wellbeing.

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San Diego prioritizes a democratic executive table. Executive team and their assistants established a unifying vision, expectations and linked goals, which are then driven down through common messaging.

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Placer County has implemented a committee specifically focused on homelessness including representatives from all divisions plus the sheriff and probation office to coordinate a plan.

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Placer, Shasta and Yolo counties expressed the importance of coordinating services for Children, Youth and Family with Children's Mental Health and working alongside Probation to act as family advocates.

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Yolo County has also implemented a Linkages Program to coordinate and write case plans with financial services and eligibility at the table.

# Information Sharing

Our conversations show there is no such thing as too much communication. Engaging every employee in the reorganization process and creating opportunities for buy-in at every step is fundamental to ensuring everyone feels part of the whole and necessary to its success.

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Placer, San Diego, Shasta and Yolo all cite regular meetings at the program director level with additional meetings to include their deputies.

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San Diego emphasized the importance of common messaging driven from the leadership down to bring staff along and reiterate a sense of unified vision.

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Through a partnership with IBM, San Diego centralizes all data throughout the county and allows all staff to see the information pertinent to their work.

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As one of 19 Whole Person Care Pilot sites, Placer County is also exploring a data warehousing system as their data is currently not integrated. Director, Jeff Brown, stated, “I think all counties need to be moving in the direction of a one-data system.”

# Change Management

Polarization, resistance and tension are all to be expected while navigating through this process, however, with strong leadership and a commitment to a shared goal, the struggle for power will lead to a culture of acceptance.

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Rebecca Mellot of Yolo County shared that through strong leadership and a clear focus on the client, it is realistic to aim to get 60-70% of the staff onboard, knowing there will always be dissenters.

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Shasta County has experienced much of their growing pains in working to get their program staff to consider their budgets consistently and encouraging them to meet with finance more regularly, resulting in more fiscal efficiency and a better working relationship.

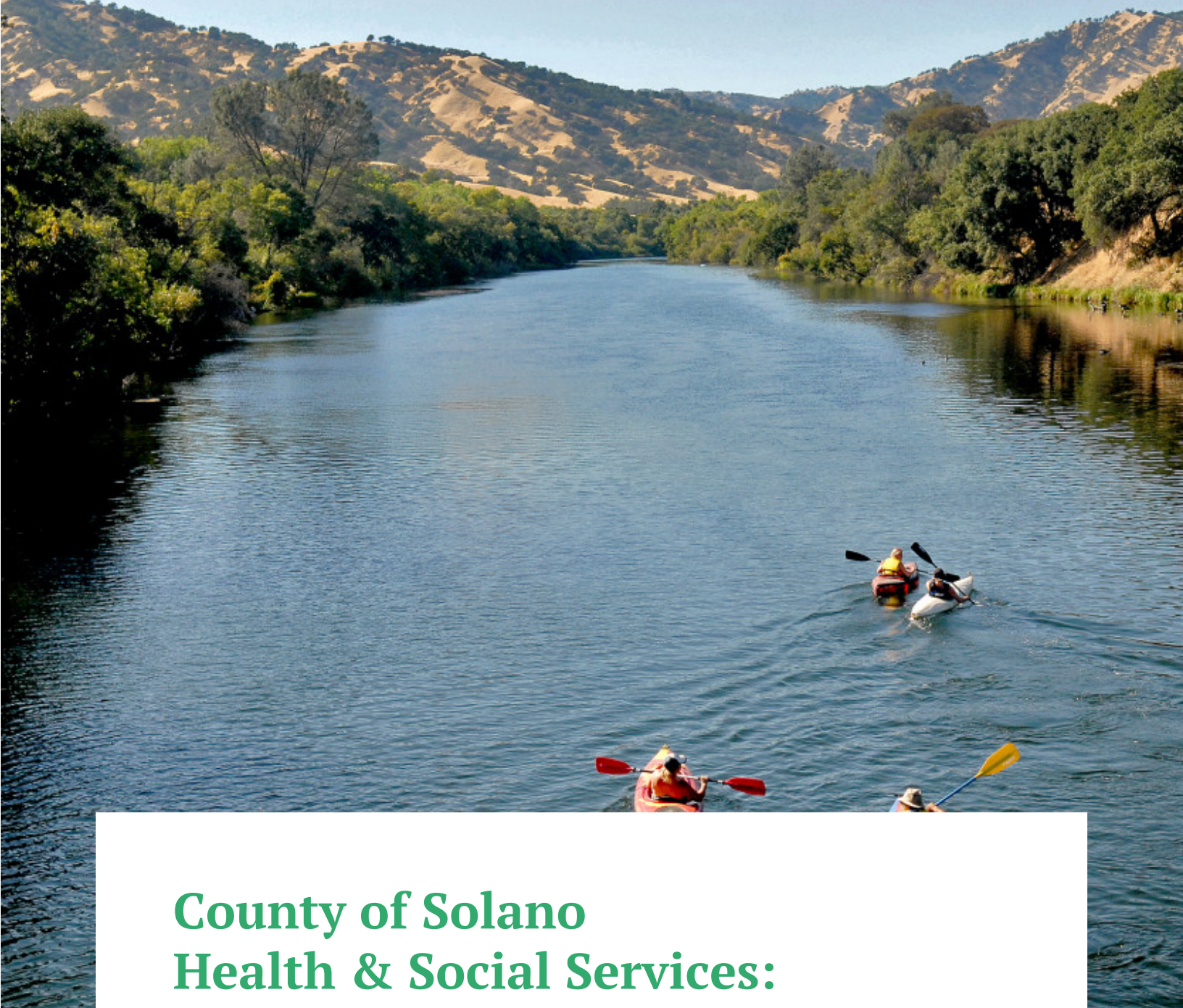
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In San Diego, the breakdown of barriers was often followed by a struggle for autonomy. They have worked to combat that tension by threading communication and branding through every correspondence so everyone sees themselves as part of a whole. (Additionally, they established that planning meetings were not the time for “pity parties”.)

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Her experiences in the reorganizations of Shasta, Placer and Yolo counties have informed Rebecca Mellot’s belief that employee engagement must be a high priority, citing celebration of the small wins and opportunities to focus in and connect to the work. Furthermore, while it can be exhausting to always be the cheerleader and remind staff of the ‘why’ for the work, their feedback is necessary to the process and engagement in the process always comes back to communication and messaging.





# **County of Solano Health & Social Services: Looking into the Future**

October 2018



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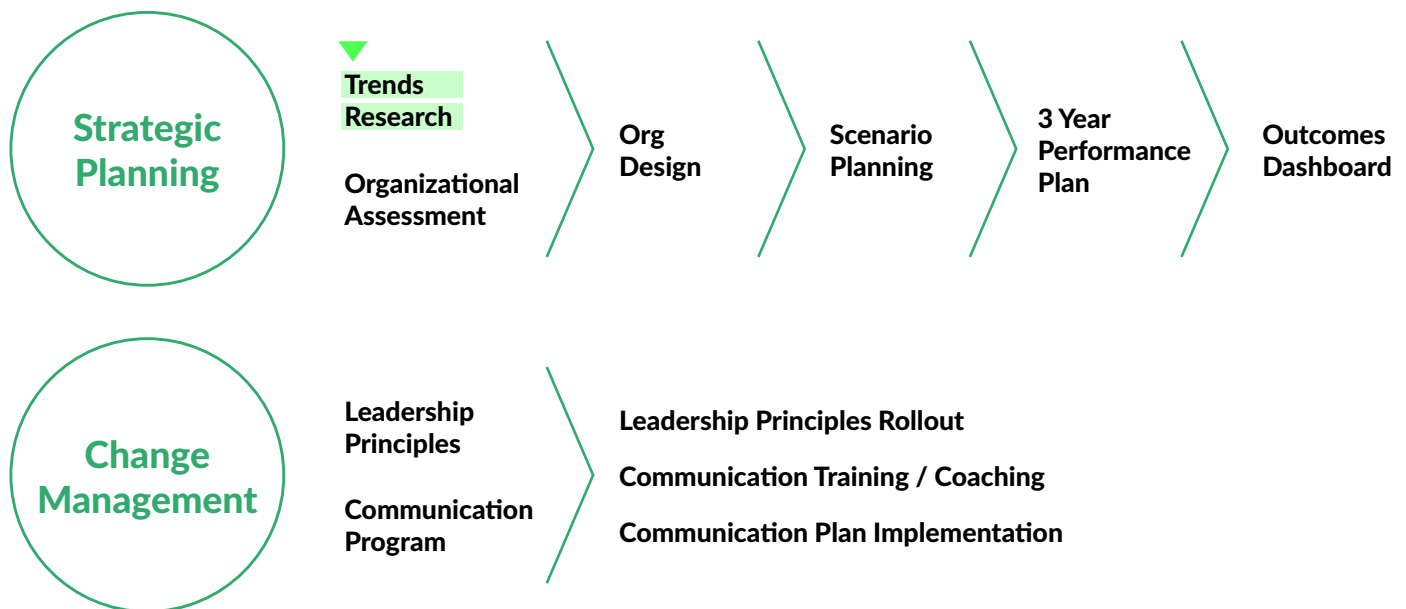
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## Project Context

The work that Performance Works is doing with H&SS is designed to accelerate department performance, develop leadership capacity, shape an adaptive culture and provide tools to keep employees engaged and informed, all with the explicit goal of delivering services and programs to better support the Solano County community. The project is anchored in two parallel and related tracks: Strategic Planning and Change Management, and is comprised of a number of individual components, each building on and informing one another. This research paper provides the foundation for future planning by highlighting issues and trends impacting and driving services for Solano County with a specific focus on community needs and opportunities for impact.





# Understanding the Landscape

Building an effective **plan for the future requires strategies anchored in a deep understanding of the factors driving change.** The Health & Social Services Agency's purpose is to serve the community of Solano by providing services, resources and tools to help the residents live healthy, safe and productive lives. This research paper identifies a roster of emerging trends that will influence the design and delivery of services to accomplish that mission. Looking outward at national, state and local factors provide agency leadership with the insights and information needed to **develop solutions that will have a positive and sustainable impact on those who live and work in the county.**

This paper identifies key trends impacting the health and well-being of people in the nation and the state of California and links those trends to life for the residents of Solano County. We leveraged census data for broad demographic and economic trends while also referring to county specific reports (i.e. Kaiser Community Health Needs Assessment, H&SS Recommended Budget) and speaking with service providers in Solano to have a better understanding of what's happening on the ground in the county. We studied nationally respected organizations including APHSA and IAF, and spoke with the deputy directors of H&SS. We also revisited other previously studied California county agencies to track their internal service delivery and organizational performance initiatives.

The purpose of the this paper is to give a peek into the future. And **by understanding the changing nature of the economy, demographic trends, health and social services issues, we can translate and interpret specific data points into priorities for action.**

And to make the information “come alive” so that it is relevant to department employees, we crafted fictional personas of Solano residents or ‘archetypes’ based on county-specific data to illustrate how the various pieces of information might manifest in a client, giving a glimpse into how someone might interact with H&SS and where there may be gaps in service. Additionally, these archetypes will also be used in a series of scenario planning exercises designed to help the department explore a variety of possible future conditions. The **goal is to create a multi-year performance plan to build organizational capacity to achieve the desired outcomes and community impact** in accordance with the department's mission, values and guiding principles.

The power of this information is that it provides insights to help plan for the future. And, for an organization that aspires to build a culture with excellence, agility and accountability at the core, having a glimpse into the challenges facing the community will empower H&SS to start planning today to be ready for what comes next.

# Aging

Across the developed world, aging populations are starting to have profound effects on countries' healthcare systems and the U.S. is no different. In 2016 the population of **Americans over the age of 65 was 49.2 million**, an increase of 12 million in just a decade - meaning **roughly 1 in every 7 Americans is over 65**.

That number is projected to double by 2060. Many of these older Americans are unable to meet their daily expenses and are falling into poverty. **Currently 9.3% are below the poverty line and 28% live alone**, making access to sufficient aid especially difficult. As life expectancy and healthcare costs continue to rise, the need and cost of providing extensive care giving and health support also rise. Despite Medicare covering almost 93% of people over 65, these older Americans are spending on average **13.1% of their income on medical needs**, as compared to 8% for the rest of the population. Due to these rising costs and insufficient retirement savings, Americans are putting off retirement and working later into their lives.

Local governments will need to think about how they can make specific adaptations to their communities for older residents. For example, Arlington County, Virginia decided to focus efforts around transportation and urban planning, such as ensuring buses sit low enough to allow riders to board easily and modifying sidewalks to better accommodate walkers and wheelchairs.

That said, older Americans can also act as an important resource as a caregiver themselves to younger family members. Historically, retirees often moved to Florida or Texas, but today, they're maintaining closer ties to the communities they've resided in and many expect to remain where they've lived. Intergenerational efforts have become important initiatives in cultivating more connection and experience sharing between older and younger populations. With additional transportation support, older Americans can make a profound impact as employees, volunteers and resources to the rest of the community.

Although rising health care costs seem daunting, the full effects that an aging population will have on the economy and communities are not yet known - careful planning and higher rates of savings can reduce the financial burden, but engaging with these residents and learning what they can offer will have long lasting effects that will help strengthen the community.

# Aging



## State Trends

The population of aged 60 and older is expected to grow by 112% from 1990 to 2020. The oldest population, 85 years and older, will grow by 143%, with 11 counties seeing increases of over 300%.

These seniors will make up 26% of the state population in 2035, up from 19% today, with the non-white share of seniors increasing to 55% from 41%.

Between 1999 and 2014, the number of impoverished residents 65 and older increased at more than double the rate of population growth among the elderly.

Every 4 years CA releases a statewide Plan on Aging to address unmet needs and impending changes and challenges. The most recent report focused on:

- Access to care and support services
- More widespread information about available programs and services
- Expanded opportunities for civic engagement
- Strengthen infrastructure for home and community-based needs
- Prevent abuse



## Solano County Snapshot

The aging situation in Solano is similar to what's happening in the rest of California:

- Median age is 37.5 years, up 2.7% since 2010 (slightly higher than CA)
- About 20% of the population is 60 or over (slightly higher than CA)

Outer areas such as Rio Vista and Green Valley have much higher percentages of population over 60, but the majority of such people live in the urban core.

The number of requests for In-Home Supportive Services provided by the county increased 8% over the prior period.

The county recognized the need for seniors to have better access to information about the services available and created SolanoCares4Seniors.org in 2017.

# Behavioral Health

Though mental illness is neither new nor novel, there is a newfound commitment and de-stigmatization in the way Americans talk about and approach mental health. One likely reason for this is that the problem is, in fact, getting worse. **18% of adults (over 43 million) live with a mental illness and 56% of those adults did not receive treatment.** Furthermore, nearly half of these patients also struggle with a co-occurring substance abuse disorder. **Youth with severe depression increased from 5.9% in 2012 to 8.2% in 2015,** and 1.7 million of those patients got little or no treatment. Exacerbating the problem is the lack of appropriate housing for those affected by mental illness - sadly, jails end up housing many.

One major factor of this uphill battle is the shortage of providers. In the **states with the lowest workforce, there is up to 6 times the number of individuals requiring treatment for one mental health professional,** including psychiatrists, psychologists, social workers, counselors and psychiatric nurses, combined.

Some locales are also making concerted efforts to reduce the stigma associated with mental illness in an effort to encourage residents to seek help before an emergency arises (ThriveNYC) while others focus on housing first (Colorado Coalition for the Homeless).

There is some hope. With healthcare reform and in states that increased medicaid expansion, **rates of uninsured adults with mental illness have decreased** as well as an **improvement in youth coverage.** Health professionals recognize the importance of the continuum of care tied to an individual's need and are introducing more holistic and personalized approaches.

# Behavioral Health



## State Trends

The number of facilities and beds for acute psychiatric care decreased 30% from 1995 to 2014. Because of population increases, the bed to population rate fell 43% during that time.

Although the supply of acute psychiatric beds stabilized recently, emergency department visits resulting in an inpatient psychiatric admission increased by 30% between 2010 and 2015.

Given current trends, it is projected that California will have 41 percent fewer psychiatrists than needed, and 11 percent fewer psychologists than needed by 2028.

## Additional Relevant Data Points

1 in 6 adults in CA have mental health needs while 1 in 20 suffer from a serious mental health illness that makes it difficult to carry out major life activities. 1 in 13 children suffers from mental illness that limits daily participation.

About  $\frac{1}{3}$  of adults with a mental illness and  $\frac{1}{3}$  of adolescents with major depressive episodes did not get treatment.

In May of 2018, Governor Jerry Brown proposed allocating millions of dollars in the state's budget specifically to the repayment of Children's Mental Health

Mandates (\$254 million), augmenting homeless mentally ill outreach and treatment (\$50 million), increasing mental health graduate medical education (\$55 million), send the No Place Like Home initiative to the 2018 ballot and building stronger mental health capacity at the Department of the Health Care services (\$6.7 million).



## Solano County Snapshot

The unmet need for mental health and substance abuse services is leading to much 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.

Community survey results show Alcohol/Drug Abuse repeatedly as a top concern among community members.

Providing mental health services in outlying areas such as Vallejo and Fairfield will continue to be difficult unless low cost interventions can be developed.

# Children, Youth and Family

A 2017 Adoption and Foster Care Analysis reported almost **440,000 children in the foster care system with increases annually from the five years prior**. On average, the children are 7.8 years old and spent 12.7 months in foster care. 55% of these children were reunified with their parents or primary guardians and 22% were adopted. The primary reasons for children being placed in the foster care system was neglect and drug abuse by a parent. **A 2018 report estimated that about 30 million children in America would be exposed to some type of family-based violence by the age of 17.**

The rate of single parent households has been rising for years from 32% in 2007 to 35% in 2016. These families tend to come from lower socioeconomic backgrounds, putting these children at particular risk of being raised in poverty and homeless. This can have carryover effects to poor school performance. Although high school graduation rates are at or near all time highs, the cost of not completing high school can be devastating. This group faces a lifetime of low wages (30% below high school graduates) and high unemployment rate (almost 50% higher).

Unaccompanied **children and youth made up 14.3% of the homeless population**, representing the largest increase in homelessness. One study reports **at least 1 in 10 young adults (18-25) and 1 in 30 (13-17) experienced unaccompanied homelessness within a 12-month period**, putting over 4 million young people at risk of violence, the development of serious mental health and addiction problems, and being forced to trade unsafe sexual favors for basic needs. **The average homeless youth spends two years living on the street and 53% were unable to access shelters** because they were full. Finding safe shelter, access to education and employment, and basic supports like transportation, clothing and laundry facilities were reported as the most essential needs for young people living on the street.

# Children, Youth and Family



## State Trends

Despite the improving economy, families are struggling—since 2016, there has been a 38% increase in unaccompanied children and youth homelessness and a 5% increase in family homelessness.

The percentage of single parent households has increased from 30% in 2011 to 32% in 2016.

The percentage of children under 18 that live in poverty has increased slightly from 19% in 2011 to 20% in 2016.

The high school graduation rate has improved significantly in recent years—up from 71% in 2011 to 82% in 2016.



## Solano County Snapshot

Single parent households have increased to 37% (2016) from 30% (2011).

Non-whites make up majority of younger population at 70%.

Despite the population increasing, many schools are experiencing decreasing attendance, putting future funding at risk.

High school graduation rates are hovering 84% (2016).

Reports of domestic violence 65% higher than the average for California.

School suspensions used to be 3x higher than the state average, but the county has taken steps that have reduced this rate significantly in recent years.

Community survey results show Alcohol/Drug Abuse repeatedly as a top concern among community members.

Providing mental health services in outlying areas such as Vallejo and Fairfield will continue to be difficult unless low cost interventions can be developed.

# Housing

Nationally, as the economy has improved, so has homelessness, **decreasing 14.4% since 2007**; however, the country saw a **0.7% uptick from 2016-2017 with California reporting the largest increase**. Residents, especially renters, are dealing with rising housing costs by doubling and tripling up to avoid displacement. More than ever before, there is a lack of affordable housing for low income populations who do not earn enough to pay for food, clothing, and transportation in addition to a place to call home.

Health and homelessness are inextricably linked. Acute physical and behavioral health issue can lead to homelessness, while homelessness itself can exacerbate chronic illnesses without proper care. **Rates of diabetes, heart disease and HIV/AIDS are high amongst homeless populations**, while people living in shelters are twice as likely to have a disability compared to the general population. **Substance use disorders are known risk factors** for homelessness, and substance abuse and overdose incidents are disproportionately present in the homeless community. **Housing stability is a key contributor to long-term recovery and reduces relapse for people who are homeless.**

**Higher housing costs** also leads to residents moving further away from their jobs, **increasing commute times**, which can have negative cascading effects on things like health, parental involvement, day care needs, and community transportation needs.

It seems obvious that the solution to homelessness is housing, but it worth stressing its importance. Providing housing and services to those experiencing homelessness gives them a platform from which they can address other areas that may have contributed to their homelessness, such as employment, health, and substance abuse.

Communities across the country have responded with a variety of housing and service programs, including emergency shelters, transitional housing, rapid re-housing and permanent supportive housing. However, over the last decade, greater emphasis has been placed on more permanent housing solutions and less on transitional housing programs.

Most communities have Federally Qualified Health Centers and more specifically, Health Care for the Homeless Clinics, which provide some basic health services without substantial cost. The advent of the Affordable Care Act has also opened up options by allowing states to expand their Medicaid programs to cover people with very low incomes.



# Housing



## State Trends

The homeless rate jumped 17% from 2016 to 2017.

Median rents increased by 13% from 2011 to 2016.

California ranks 49th among US states for housing units per capita and it's estimated that California needs 2 million more housing units to meet current demand, increasing to 3.5 million by 2025.

### Additional Relevant Data Points

California saw the largest increase in permanent supportive housing capacity and Rapid Re-Housing Inventories.

New York and California saw the largest increases in emergency shelter capacity and the largest decrease in transitional housing.

28% of households have at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Californians spend over 20% of their incomes on rent, 6th highest rate in the country.



## Solano County Snapshot

Home ownership down to 58% from 67% in 2009.

Number of homeless individuals up 14 percent since 2015\*

- 62% say they have a disabling condition such as physical disability, mental illness, alcohol or drug abuse, etc.

23% of households have at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

*\*This increase may be due to a more thorough survey rather than an actual increase in the number of homeless individuals.*

# Employment and Income

Employment provides the backbone for financial and physical security for citizens and their families. High unemployment correlates strongly with requests for income assistance/public aid as well as negative mental and physical health outcomes. **Unemployment has steadily fallen over the last 10 years**, now reaching lows not seen since 2000. In the short-term, the economy is expected to continue growing, but it is important to be ready for a reversal given the cyclical nature the economy and employment.

Given the connection between employment and public assistance, it is not surprising that percentage of individuals receiving SNAP assistance has been falling since 2013.

Similarly, **the poverty rate has steadily fallen in recent years. As of 2017, 12.3% of the American population was living in poverty**, a rate comparable to that in 2007 before the most recent recession, but still higher than lows experienced in 2000 of 11.3%. This is likely due to wages not keeping up with living expenses.

# Employment and Income



## State Trends

These state trends mirror the nation as a whole.

The unemployment rate of 4.3% is the lowest in decades.

The poverty rate of 14% has declined since 2012 from 17%, but it still above pre-financial crisis levels.

Although the decline started later, SNAP benefits have also begun to decrease in recent years.



## Solano County Snapshot

Unemployment rate 3.9% (Aug 2018).

Median Household Income \$73K (in 2016).

Per capita income \$46K (in 2016).

Poverty Rate = 11.4% in 2016. Down from peak in 2012 (14.2%), but above historical rates. (9% in 2008, 8% in 2002).

Healthcare and retail are largest employers but manufacturing has an outsized economic impact.

Most jobs are in admin, sales, and management.

Agriculture is relatively small and less than CA overall.

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

## Medical Services / Access

Access to healthcare impacts one's overall physical, social and mental health status and quality of life. The high cost of care, lack of insurance coverage, lack of availability of services and lack of culturally competent care are all too common barriers to accessing health services in America. These barriers are made worse by the significant disparities in access to care by sex, age, race, ethnicity, education, and family income.

Despite gains in health insurance coverage due to the ACA, currently, around 28 million people live without health insurance coverage. **Hispanic communities had the highest uninsured rate at 16.1%, followed by African Americans at 10.6% and Asians at 7.3%.**

One of the largest national initiatives monitoring progress and setting health improvement benchmarks is the **Healthy People 2020 project which has identified specific issues to monitor and reform decade by decade.** With a focus on increasing and expanding insurance coverage and access to the entire care continuum, addressing disparities that affect access, determining new health care workforce needs as new models for care delivery become more prevalent and monitor the increasing use of telehealth as an avenue for delivering care, the project encourages collaborations across communities and sectors.

Many of the elements that traditionally fall under the umbrella of medical services have already been touched on in other sections, so in this section, the focus is on a few outstanding piece of information that reflect the condition of the country, state and county's health status.

# Medical Services / Access



## State Trends

While the percentage of heart disease mortalities has declined, the percentage of diabetes and drug-related deaths have increased. Heart disease, stroke, cancer and alzheimer's continue to be the leading causes of death in CA.

Medi-Cal provides coverage to nearly 14 million people in CA, up almost 100% since 2012, now covering over  $\frac{1}{3}$  of the population.

Although the overall uninsurance rate is comparable to rest of the U.S., rates for minority communities are much lower - Hispanics at 11.6% and African Americans at 5.7%.



## Solano County Snapshot

Inadequate access likely leading to higher rates of emergency department visits and poor treatment of chronic conditions

- ED visits due to diabetes 60% higher than CA
- ED visits due to hypertension 55% higher than CA
- Asthma rates are ~2x CA rate

While the uninsured rate for 2009-2013 in Solano (12.5%) was lower than California (17.8%), areas with high rates of uninsured residents could be found in rural as well as urban areas.

# Priorities for Action

This research is intended to provide a foundation from which to plan. By painting the landscape of issues impacting people living and working in Solano County, the department will have the ability to better equip itself to serve. Positive community outcomes is the goal. Knowing where the pain points are is step one.... and a plan to solve them is step two.

Working from the outside in, there are three key areas that need to be part of the equation:

## Housing and Homelessness

The situation continues to be a problem and is cited as an ongoing challenge by CBOs, sparking a domino of health issues. Ultimately, a political solution may be required, but in the meantime the agency can work with others in the county to show the true cost of housing issues and homelessness and its impact going forward. What does this mean for Solano County H&SS? What are effects on health outcomes, educational attainment, employment, etc. **Are there actions the county can take today to mitigate this situation from worsening?**

## Awareness and Access

Providing services is not enough. When seeking help, residents need to know where to go, the ability to get there, and the confidence that they will be served with respect and dignity. This responsibility can be shared among agencies, CBOs, and family members, but active collaboration and sharing of data and resources. **How can we better reach people? How do we engage residents in a dialogue about their lives? How can we be more present?**

## Quality of Care

Community needs consistently outpace the services offered and this will only be exacerbated in an economic downturn. It is vital that an agency has the mental space to be proactive and forward thinking to anticipate changing community needs. **How can we find the time to be more innovative? What are new service methods and technologies we can adopt? How can we work more effectively with community partners?**

Achieving the deeply desired positive community impact will require incorporating this information in a plan anchored by shared goals and concrete objectives. Solving complex family and socioeconomic challenges takes **vigilance and resources, and the commitment of leadership** to do the daily work of making change happen.

# Scenarios as a Foundation for Planning

Since none of us have a crystal ball, how do we plan for a future we can't see? And, how do we prepare ourselves for any number of eventualities? Strategic planners developed an approach called "Scenario Planning" to help organizations answer those questions. **Scenario planning is a structured way to help organizations think flexibly** about the future so that they're better equipped. Scenario planning is **built around fictional stories about how the future might unfold** and how this might affect an issue, a strategy and/or an organization. One of the most renowned organizations instrumental in pioneering scenario planning for Health and Human Services is the Institute for Alternative Futures (IAF). Using IAF Forecasting as a foundation, we'll be developing **3 hypothetical scenarios to imagine future possibilities and opportunities**. Our goal for this work is to **ensure the agency is ready for the future and will have the structure, skills and culture to support effective service delivery** in the next 3-5 years.

As part of the scenario planning work, we've created **archetypal personas representing the residents of Solano County**. These archetypes derive from the research conducted and are based on direct input from community partners. The goal is that the **personas help personify the scenarios, give purpose to the planning** activities and bring the action plan to life.

# Scenarios as a Foundation for Planning

IAF's structured scenarios are organized into 3 categories: Expectable, Challenging and Visionary. Below are brief descriptions of each scenario, which will be more specifically tailored to reflect Solano County's demographics and current state.

## Expectable: Reductions and Rebounds

Between 2015 and 2035, the US will see turbulent but overall economic growth at a rate of 1-2% per year. With a continued shift toward a gig economy and a slowly rising minimum wage, funding to social services will rebound in the 2020s. Human Services will become more efficient, integrated and collaborative with greater data integration, multi-generational strategies and partnerships with schools, businesses and community-based organizations. At the core, Human Services will take a human-centered approach bolstered by more evidence-based practices and cross-sector partnerships. There will be a move to a "Pay-For-Success" model and more customized service planning.

## Challenging: Navigating Unending Challenges

Though the country experienced overall economic growth, the federal, state and Human Services budgets were dramatically affected by the great recession of 2023, leading to an increase in poverty and inequality, as well as rising addiction, depression and suicide rates. Extreme weather and natural disasters wreaked havoc across the United States, disproportionately impacting low income communities and creating climate refugees. Communities became more self sufficient, developing systems for food production and resource trading, while Human Services will have to do more with less and allocate funds more efficiently.

## Visionary: Building Human Potential

The 2020's brought transformational policy change rooting in inclusivity and equity. Across the nation, there was an increase in low-income housing and universal access to single payer healthcare, reformed immigration and environmental protections put in place. Human Services was able to shift their focus to wellness and thriving, addressing physical, mental and emotional well being and establishing shared community visions. With the destigmatization and changing attitudes toward receiving income support, Human Services is able to channel their resources toward the challenges of aging, neglect, homelessness and developmental disabilities.



# Archetypal Personas for Scenario Planning

With the goal of providing information to help the department meet client needs more effectively and efficiently, and improve community outcomes, the following profiles offer a series of archetypal personas designed to give an identity to those served by H&SS. These archetypes will be used as part of the scenario planning workshops to personalize the planning work. They are intended to help teams within the department to envision new approaches to service delivery and stimulate discussion about internal changes needed for greater impact.

**Single and  
Struggling**

**The Challenges  
of Getting Older**

**Working to  
Support Her  
Family**

**Independence is  
Within Sight**

**Step by Step  
Moving Forward**

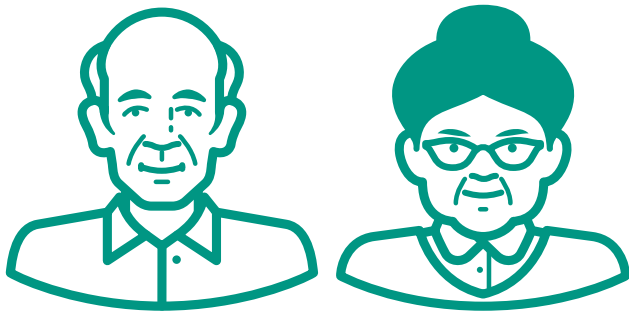


## Single and Struggling

A man approaching his 40s commutes from Vacaville to Sacramento while struggling with depression coupled with alcoholism that makes it difficult for him to function in his day to day life. Despite several attempts to get sober, he has never sought professional help and his mental health and addiction are now interfering with his ability to maintain steady work and support himself. He has worked in sales for most of his adult life though he is facing a great deal of criticism at work for his moodiness with customers and perpetual lateness. With increasing rent payments, he has increasing anxiety about being able to stay in his home. Though he could move back to Vallejo where most of his family lives, that would place him farther from work and the support network he does have.

Services he may be using within HSS:

- Addiction recovery support
- Psychiatric treatment
- Job training for different kinds of work
- May need to apply for public assistance

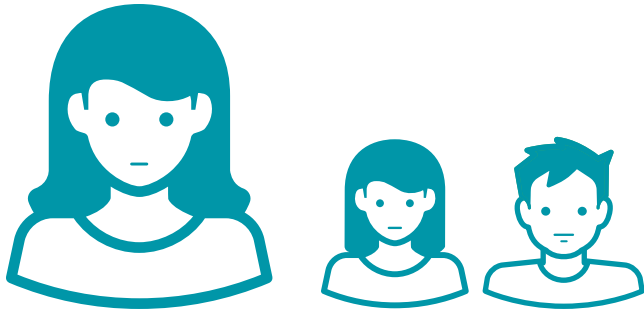


# The Challenges of Getting Older

A couple in their 70s is facing growing health problems and increasing isolation. The wife has diabetes and is going blind and therefore cannot drive, while the husband has knee and hip problems from decades of construction work, making it painful to maneuver a car. They live in Rio Vista and their children have moved to the East Bay and Sacramento. They saved enough to pay off their home decades ago, but its value has not recovered from the housing crash, so they've chosen to stay put rather than move closer to their children, which would be more expensive. Both benefit from Medicare and Social Security, but they have limited access to health care. The lack of public transportation means they often miss appointments in Fairfield when the husband is in too much pain to drive. This inability to get around also causes a greater sense of loneliness and detachment.

Services they may be using within HSS:

- Transportation to medical service centers
- Eligibility Services
- Family Health Services Clinics
- In Home Supportive Services

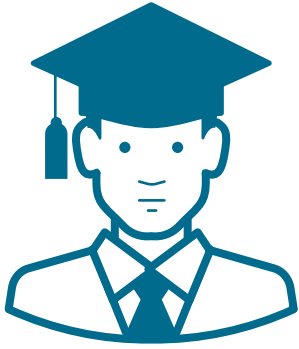


## Working to Support Her Family

A young, single mother recently left her husband after a history of abuse became physical. She is currently working two jobs to afford a 1-bedroom apartment for her and her 2 small children in Fairfield. She has a few semesters of community college but has not completed a degree, preventing her from getting a more stable job. Her children do very well in school, but one of them has asthma and she often has to miss a work to care for him, making it hard to hold down what work she can find. Although eligible for the past two years, she just learned how to enroll for public assistance and food stamps to help put food on the table. Finding community and emotional support is her greatest need as well as completing her degree.

Services she may be using within HSS:

- Employment training
- Psychiatric and Trauma therapy
- Affordable housing assistance
- Children's Medical Services

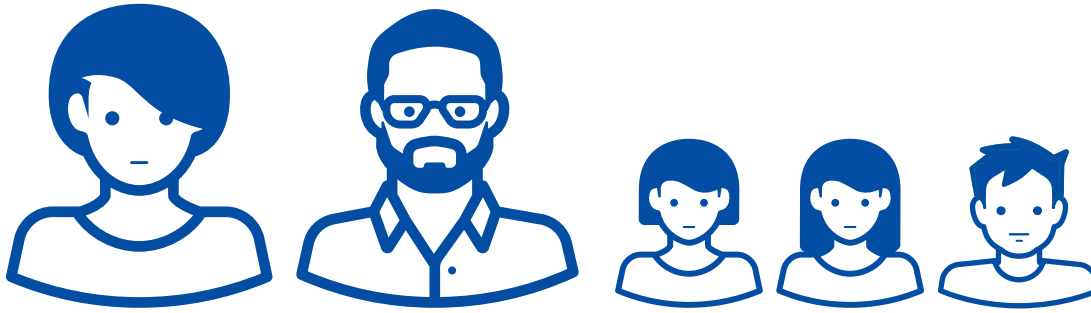


# Independence is Within Sight

A newly minted high school graduate survived a childhood full of abuse and neglect because of his sexual orientation and now faces an uncertain yet hopeful future. He has no money for college so he found a retail job Vallejo in the meantime and is sharing an apartment with some friends who have a history of drug abuse, which he's thus far avoided getting caught up in. Their dilapidated home is crowded and doesn't have fully functioning plumbing. Despite his uncertainty, he is feeling hopeful about his future with the help of HSS's counseling services who are helping him work through childhood trauma and anxiety.

Services he may use:

- Employment training
- Affordable Housing
- Counseling Services



## Step by Step Moving Forward

An immigrant family in Dixon with 3 children has experienced an improving quality of life as unemployment locally has been steadily dropping. Both parents work, though the father has high blood pressure and is recovering from a recent heart attack that has made physical activity difficult. Their 3 children are all in school and increasingly proficient in English, serve as their parents' translators. They have been helping their father get medical help and better learn how to care for his chronic illness, however, this care is made more difficult by the fact that they are uninsured, forcing them to rely on emergency care. The family would also benefit from some basic information about healthy eating and the presence of more local health food options.

Services they may use:

- Emergency Medical Services
- English language support
- Employment training
- Health and Wellness training

**Executive Team Interviews**

Child Welfare Services: Aaron Crutison

Public Health: Bela Matyas

Medical Services: Michael Stacy

Employment & Eligibility: Angela Shing

Behavioral Health: Sandra Sinz

**Local CBO Interviews**

Legal Services of Northern California: Oliver Ehlinger

Global Center for Success: Richard Porter

Seneca Family of Agencies: Lauren Crutsinger

Solano County Office of Education: Nicola Parr and Victor Romualdi

**Aging**

<https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

[https://www.aging.ca.gov/docs/Highlights/CSP\\_Plan\\_Aging/California%20State%20Plan%20on%20Aging%202017-2021.pdf](https://www.aging.ca.gov/docs/Highlights/CSP_Plan_Aging/California%20State%20Plan%20on%20Aging%202017-2021.pdf)

<https://www.sfgate.com/bayarea/article/California-seniors-have-highest-poverty-rate-5345516.php>

<https://www.sacbee.com/news/local/article68427482.html>

**Behavioral Health**

<http://www.mentalhealthamerica.net/issues/state-mental-health-america#Key>

<https://www.chcf.org/publication/mental-health-care-in-california-painting-a-picture/>

<https://www.chcf.org/publication/mental-health-in-california-for-too-many-care-not-there/>

<https://www.citylab.com/solutions/2016/04/do-local-governments-have-a-role-to-play-in-mental-health/478983/>

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<https://www.kpbs.org/news/2018/feb/13/california-facing-major-shortage-behavioral-health/>

**Children, Youth & Family**

[https://www.acf.hhs.gov/sites/default/files/fysb/fysb\\_factsheet\\_091318\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/fysb_factsheet_091318_508.pdf)

[https://www.acf.hhs.gov/sites/default/files/fysb/street\\_outreach\\_program\\_fact\\_sheet\\_jan\\_2018.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/street_outreach_program_fact_sheet_jan_2018.pdf)

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**Housing**

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<https://www.politifact.com/california/statements/2018/mar/21/gavin-newsom/true-california-ranks-49th-capita-housing-supply/>

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**Employment and Income**

<https://www.bls.gov/opub/mlr/2018/article/program-participation-and-spending-patterns-of-families-receiving-means-tested-assistance.htm>

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[http://health-access.org/images/documents\\_other/Our%20Health%20Care%20at%20Risk%20factsheet%2011.14.16.pdf](http://health-access.org/images/documents_other/Our%20Health%20Care%20at%20Risk%20factsheet%2011.14.16.pdf)

<https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=27541>

## Data Supporting our Five Personas

### #1 Single and Struggling

- Vacaville has an AA facility
- Hospitalizations due to substance abuse higher in Vacaville than rest of Solano

### #2 The Challenges of Getting Older

In Rio Vista:

- 25% of population is over 70+
- Among men, construction industry jobs are most common at 15%
- Median home price was \$341k in 2007, 10+ years later only at \$350k
- In general, Solano has much high rates of complications from diabetes vs. California. Rio Vista has higher mortality rates than Solano.

### #3 Working to Support Her Family

- Fairfield has highest domestic violence rate in Solano (50% higher)
- East Fairfield has higher rates of asthma vs. Solano overall.
- This quote from Kaiser Health Needs Assessment – “for Fairfield, what we have encountered as common among the families that we serve is asthma, especially in children”

### #4 Independence is Within Sight

- Vallejo has higher rates of ED visits due to substance abuse, over 3x the Solano rate in South/Central Vallejo
- This anecdote from Kaiser Health Needs Assessment – One community member spoke about the need for more mental health providers and counselors in all three major cities (i.e., Vacaville, Fairfield and Vallejo) who have experience and education working with LGBTQ populations.

### #5 Step by Step Moving Forward

- 39% of Dixon is Hispanic
- 20% of Dixon born outside of U.S.
- Dixon has a Migrant Community Center
- Parts of Dixon have been designated a USDA food desert





# Proposed Health and Social Services Reorganization

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## 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



**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**

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- 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**

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- 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**

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- 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









# 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



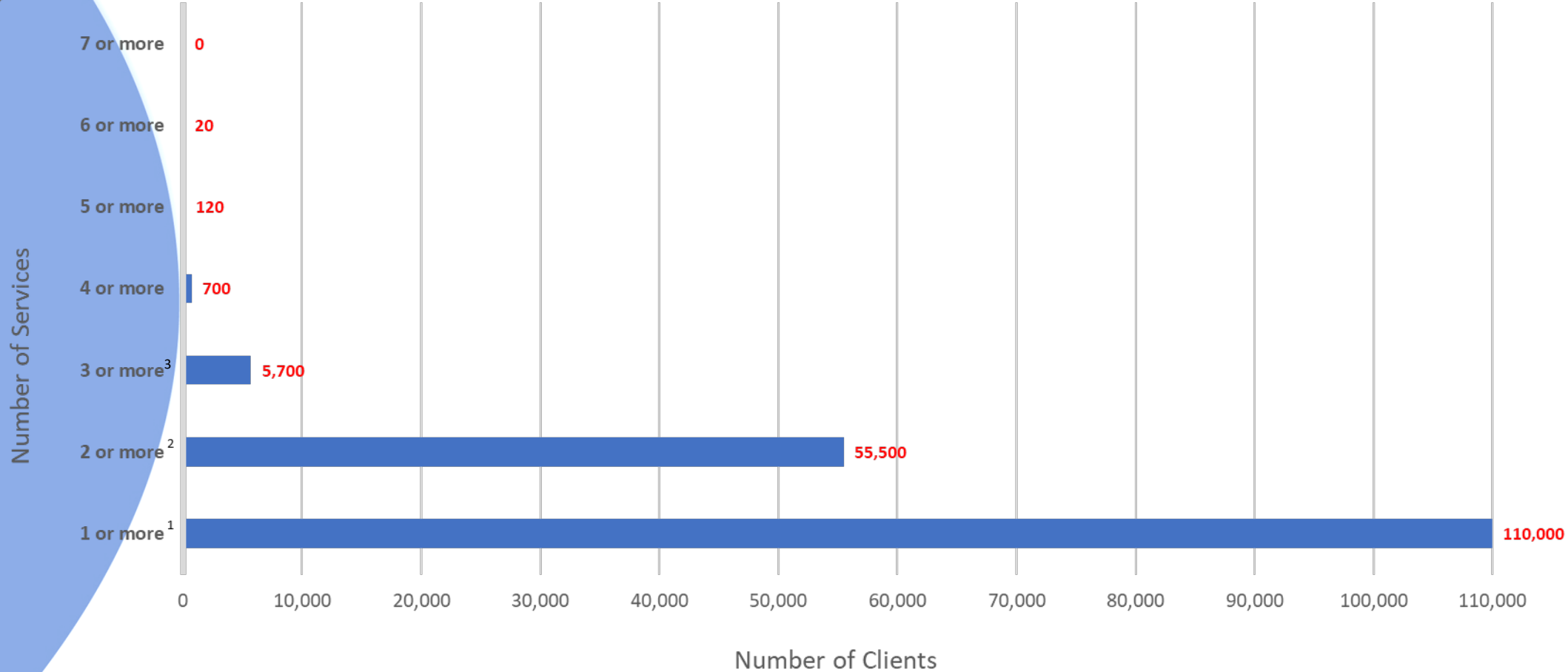
# Staffing changes over past decade

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





# H&SS Services Accessed by Clients



<sup>1</sup> 1 or more services largely driven by Medi-Cal  
<sup>2</sup> 2 or more services mostly Family Health Services, other Employment & Eligibility Services (CalWorks, CalFresh), WIC, IHSS, and Mental Health Services  
<sup>3</sup> 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**



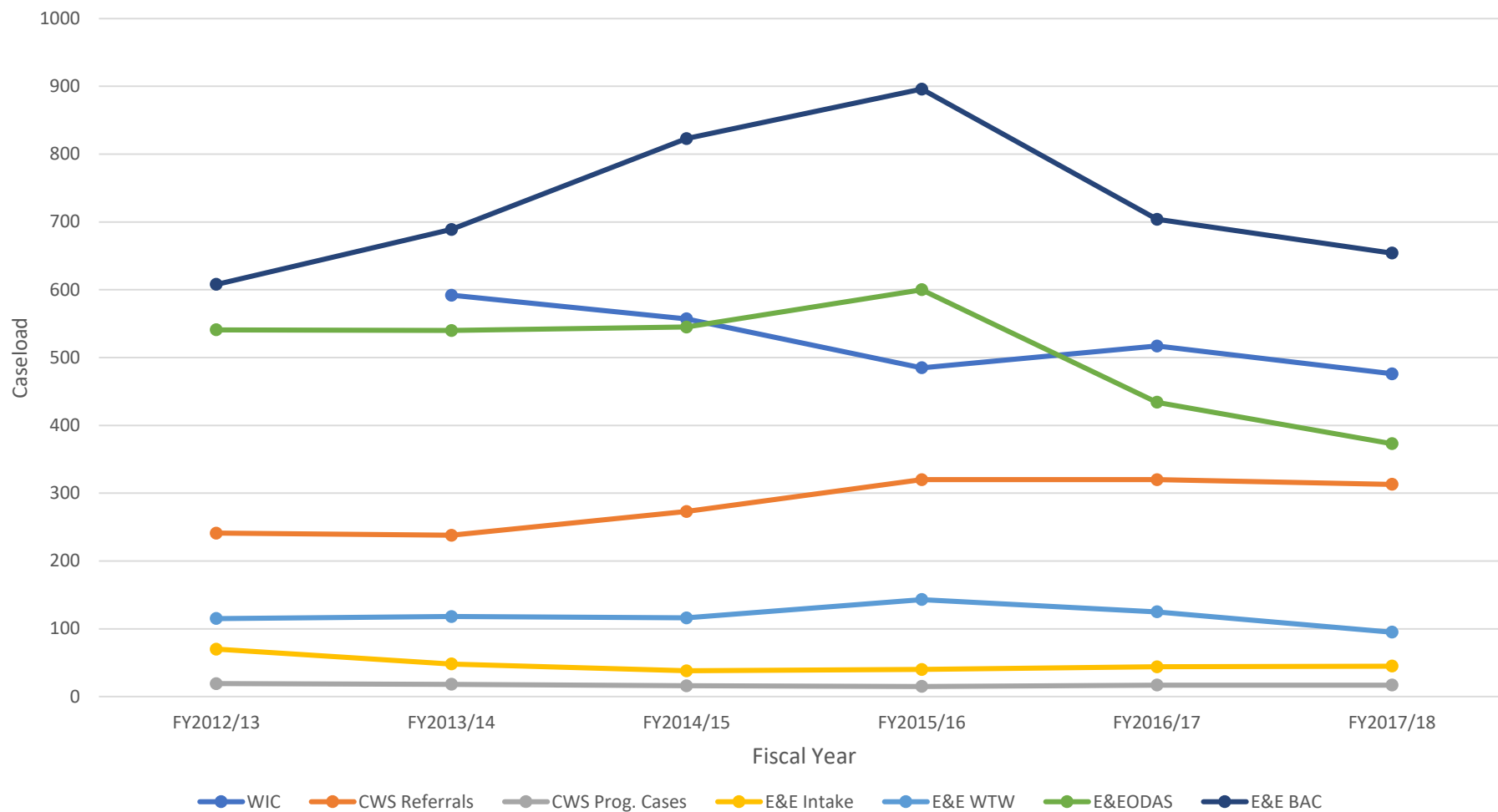
# FY2017/18 employee caseloads for selected programs\*

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

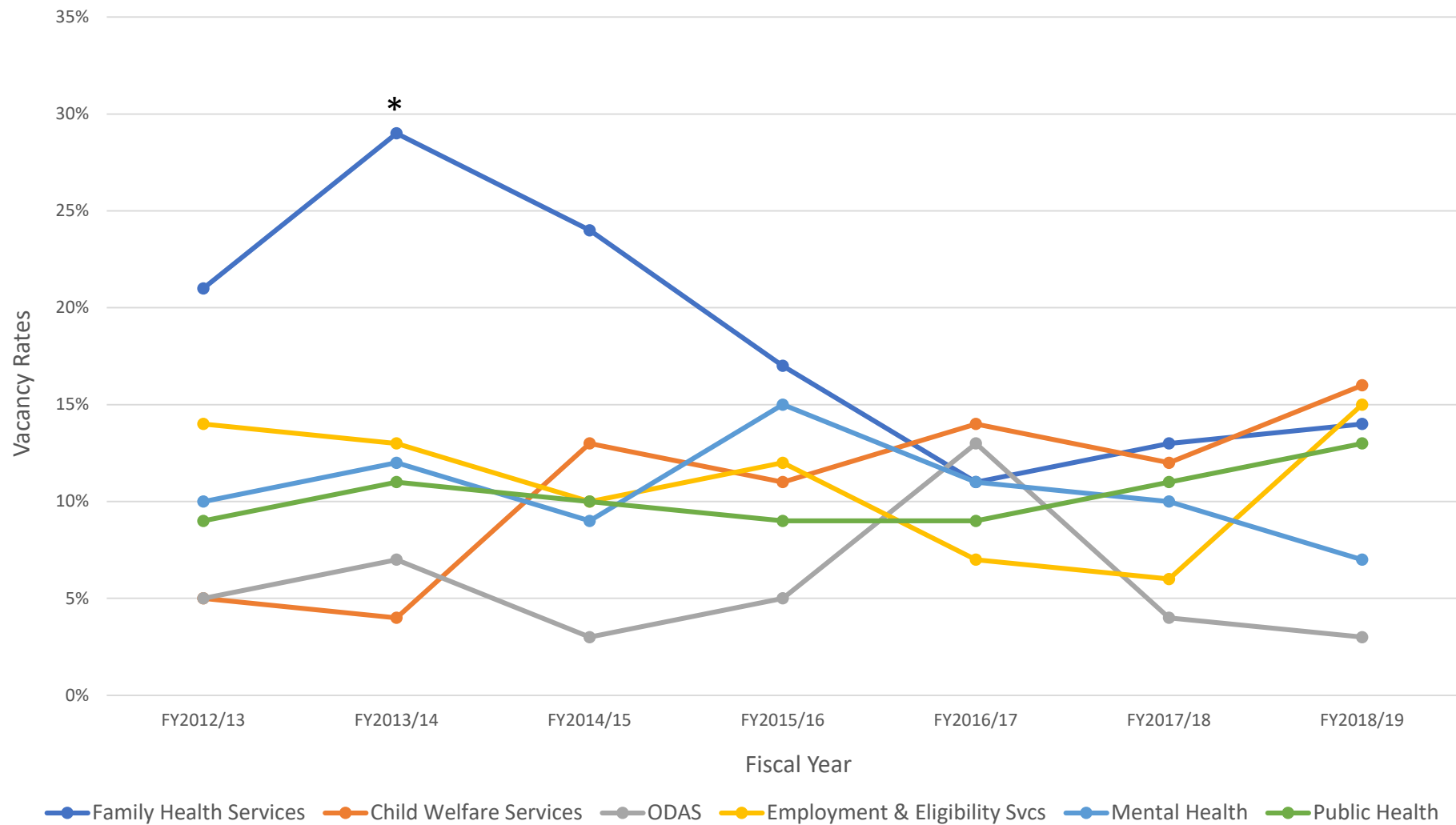


# Caseload Growth, selected programs





# 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

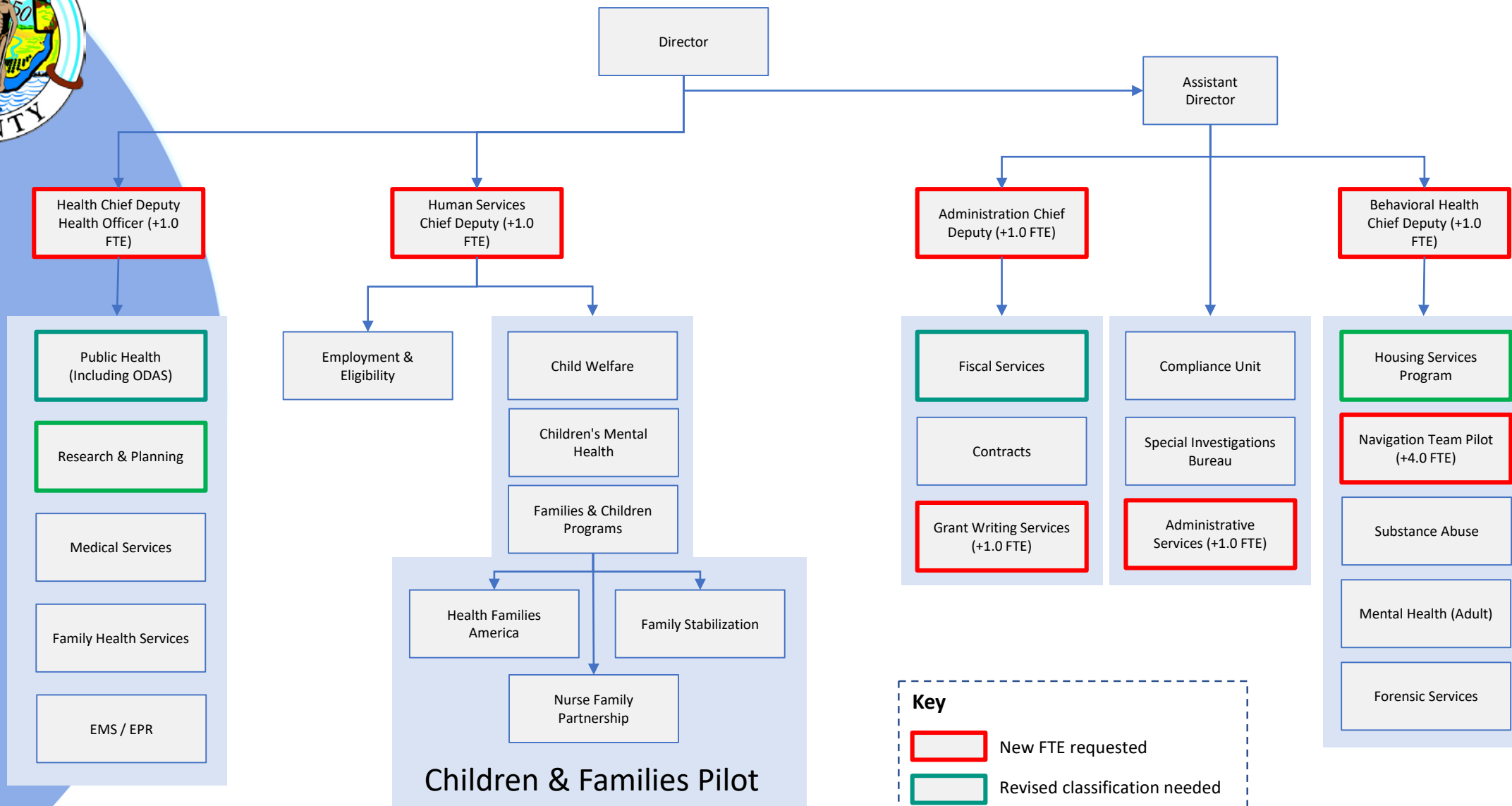
**2007: Moved to a Population-Centric Structure organized around Customer Life Cycles and Region.**

Sample outcomes:

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



# 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