

## Lines of Business

LOB #127:

### **OPERATIONS MANAGEMENT**

#### **Purpose**

The DAHS Operations Management area incorporates department-wide leadership, operationalizing the strategic vision, management, and supervision for the organization. Staff are located in the director's office and are responsible for:

- Oversight of day-to-day core functions and program operations for DAHS;
- Building and maintaining relationships with all stakeholders engaged with the work and associated with the outcomes of the organization;
- Assessment of specific operational, personnel requirements, financial and human capital resources;
- Partnering with leaders across the human services departments and programs to align the organizational vision with delivery of services and associated core functions necessary to achieve that vision; and
- Development and implementation of organizational strategies required for planning, deploying, managing, and developing the workforce, evaluation of progress, and addressing new requirements as they change – in support of Board of Supervisors policy direction and countywide leadership priorities.

#### **Description**

The Operations Management (OM) LOB includes the department's leadership positions and resources devoted to cross-system management for internal operations of 16 core professional administrative functions, and cross-departmental oversight, coordination and development for service integration efforts of the programs and departments reporting to the Deputy County Executive.

Operations Management supports internal cross-division services for key activities critical to the success of DAHS. Leadership staff provides direction for internal communications, customer satisfaction/stakeholder feedback, performance measurement and analysis, workforce and employee development and organizational growth, strategic planning, resource requests and management, evaluation and continuous improvement for the organization to meet its mission. DAHS performs cross-systems work involving development of and improvements to the human services system business model and operations, analysis of state, federal and local regulatory and legislative initiatives, implementation of key County initiatives affecting program operations and responsiveness to the community. OM staff is actively involved with countywide committees and task forces developing and implementing strategic initiatives and process efficiencies, as well as planning efforts across deputy areas/services lines.

- DAHS provides professional administrative functions and services in support of approximately 100 LOBs and seven departments providing health and human services programs for County residents, and the cities of Fairfax and Falls Church. As one of the smaller County departments, with 165/164.5 FTE and approximately \$13.0 million in resources in FY 2016, DAHS staff serves more than 4,000 merit and 2,000 non-merit County employees and 1,100 contracted providers to deliver more than \$500 million annually in services, with over \$170 million in revenues and reimbursements.
- DAHS is responsible for core activities in four areas: Contracts and Procurement, Financial Management, Human Resources, and Physical Resources; and one program, the Alcohol Safety

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Action Program (ASAP). The DAHS director is a member of the human services leadership team and is the County Executive's representative to the Fairfax County Alcohol Safety Action Program Board.

## Benefits

The structure, alignment and coordination of administrative services delivery in DAHS is unique in relation to its breadth of responsibility across the multiple services provided through the human services system. Many health, housing and human services offered across the nation are delivered through state agents; in Virginia, however, many directly-provided services are state regulated and locally administered, with shared funding/reimbursement arrangements (all governed by state statute as Virginia is a "Dillon rule" state). This human services delivery model inherently creates a local-state relationship for accountability, planning, budget management, performance monitoring, regulatory review and oversight and program compliance activities that must be performed at the local level. DAHS serves as that agent for approximately 100 services, of which over 50 percent have some form of co-oversight or fiduciary responsibility with multiple levels of state, federal or third-party payors.

As a further complexity, in Fairfax County, a significant percent of services are offered through private providers in the form of vendor contracts. The human services system's reliance on for-profit and nonprofit partners in the provision of services is unique in both its size and number of services in the Commonwealth of Virginia. The DAHS standardized business functions provided across the large array of services, both publicly and privately provided, improve the effectiveness and efficiencies for services delivered across the health and human services system.

Benefits to the health and human services system include:

- Professional and specialized expertise in financial, vendor management and business requirements of behavioral health treatment, public health, social services and juvenile justice services
- Ability to implement best practices for core administrative functions
  - Common contract records administration, service tracking, outcomes and performance monitoring, and utilization system functionality and best practices
  - Inventories for services, training records, credentialing and internal workforce requirements
  - Coordination of public engagement on County budget reviews and impact to health, housing and human services programs, outcomes and resources
  - Support for boards, authorities and commissions in their oversight/advisory roles
  - Standardized utilization and financial reporting, data integrity and quality controls systems
- Provision of project management and strategic initiative support for system-wide health and human services initiatives and priorities
- Customers - identification of customers and stakeholder needs
  - Human Services Business Model framework development
- Financial – sound stewardship of resources
  - Health Services Integration initiative
  - Systems of Care services strategies for children and youth
- Process - continuous improvement of work product
  - Human Services Capital and Noncapital Assets inventory and needs forecasting
  - Health and human services long-term planning/ service requirements forecasting
- Learning and Growth - building and retaining a competent workforce
  - Employee Relations Toolkit
  - Learning Map efforts for human services staff training and orientations

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## **Strategic Leadership**

In addition to the 16 core functions provided by the divisions within DAHS, the department's leadership is also engaged in cultivating and maintaining relationships with stakeholders invested in the outcomes of the human services system. DAHS executes the organizational strategy, including planning, deploying and managing the effective use of financial and human capital resources to address current and new requirements as they evolve.

## **Mandates**

DAHS provides financial, contractual program and service utilization reporting activities for federal, state and local assistance programs and competitively procured services offered by Fairfax County to County and City of Fairfax/Falls Church residents for health and human services programs within the Human Services deputy area. The County is the local administrator for many federal assistance programs and financial aid services to County residents. Additionally, the County participates or is awarded discretionary grants from state and federal programs.

DAHS is responsible for financial and utilization reporting, funds administration and accounting, program effectiveness/monitoring for contract providers, internal audit review, quality assurance for financial and contracting activities, reporting for audit reviews and compliance activities associated with state and federal agency audit reviews, and national accreditation organizations.

## **Federal, state, local laws, regulations and code citations governing DAHS functions:**

### **General Government**

Article 1, Fairfax County Code; Fairfax County Personnel Regulations and Procedural Memorandums; Fairfax County Human Services Department-Specific Procedural Memorandums; Virginia Title 15.2-8 Urban County Form of Government; Virginia Freedom of Information - Virginia Code § 2.2 :37; Virginia Government Data Collection and Dissemination Practices Act; Virginia Human Rights Act Code of Virginia Title 15.2; Virginia Personal Information Privacy Act; Virginia Personnel Act; Virginia Public Records Act; Virginia Public Procurement Act; Virginia Unemployment Compensation Act; Age Discrimination in Employment Act of 1967; Americans with Disabilities Act; Commercial Motor Vehicle Safety Act; Consumer Credit Protection Act; Drug Free Workplace Act of 1990; Equal Pay Act of 1963; Fair Labor Standards Act; Fair Labor Standards Act; Family Medical Leave Act of 1993; Genetic Information Nondiscrimination Act of 2008; Health Insurance Portability and Accountability Act of 1996; Internal Revenue Code; Occupational Safety and Health Act; Omnibus Transportation Act of 1991; Pregnancy Discrimination Act; The Drug Free Workplace Act of 1988; Title VII of the Civil Rights Act of 1964; Uniform Guidelines on Employee Selection; Uniformed Services Employment and Reemployment Rights Act of 1994; Workers Compensation Act.

### **Social Services and Federal Entitlement programs**

Title IX of Social Security Act for Medicaid; Title IVA, Title V, and Title XIX of the Social Security Act; HIPAA PL 104-91, 42 CFR Parts 160 and 164; Titles III and V of the Federal Older Americans Act and the Federal Job Training Partnership Act; USDA Food Program Participation Requirements SAF.VDACS003; Agricultural Adjustment Act of 1933 §32, as amended (Fed.); Agricultural Act of 1946 §416, as amended (Fed.); 7 CFR 250, 251 (Fed.). Virginia Code § 2.2 211-214, Administration of Government; Virginia Code § 63.2-22; Virginia Code §§ 2.2-2648, 2649, 5201-5214; 2.2-5200, 2.2-5211(CSA); Virginia Code § 2.2-435.8 Workforce program evaluations; 20 CFR part 660 Workforce Investment Act; U.S. Code 42:106 Community Services Block Grant; 45 CFR Part 98 Child Care and Development Fund, 45 CFR Public Welfare.

*Financial, utilization, monitoring and service reporting FM, CPM, HR*

### **Housing, Homelessness prevention and services, Community Development, Disabilities**

Community Development Block Grant Program SCT.DHCD004 Title I of the Housing & Community Development Act, as amended (Fed.); 24 CFR 570 Subpart I (Fed.); Homeless Prevention and Rapid Re-Housing Program SCT.DHCD017 Department of Housing and Community Development Commerce and Trade; American Recovery and Reinvestment Act of 2009, Public Law 111-5; Fair Housing Act; Americans with Disabilities Act (ADA) regulations (federal): Virginia Administrative Code Title 13; Residential Landlord and Tenant Act. Individuals with Disabilities Education Act (IDEA)

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*Financial, utilization, monitoring and service reporting: FM, CPM, HR, PR*

## **Public Health and Behavioral Health**

Virginia Administrative Code Title 22; Behavioral Health and Developmental Services 37.2; HIPAA PL 104-91, 42 CFR Parts 160 and 164; Health Information Portability and Accountability Act (HIPAA) (federal); VA Administrative Code Title 12, Title 32.1

*Financial, utilization, monitoring and service reporting: FM, CPM, HR, PR*

## **Juvenile Justice and Children's Services**

Code of Virginia §66-3:27-35; 2.2-5204; §16.1-222-225; §16.1-275; §16.1-224; §16.1 315-322.7; Juvenile Justice and Delinquency Prevention Act (JJDP); Title IV-E Social Security Act.

*Financial, utilization, monitoring and service reporting: FM, CPM, HR, PR*

## **Trends and Challenges**

### **Trends**

#### **Workforce – Meeting the needs of a highly technical and professional workforce**

Recruitment and retention of qualified medical and social services professionals to public service is a particular focus for DAHS human resources support: physicians, medical epidemiologists, maternal/child public health nurses, psychiatrists, senior mental health clinicians, social workers and older adult case managers and care coordinators.

In order to provide the most responsive services, resources for both language interpretation and translation services are needed from multi-lingual personnel and supportive contract services.

#### **Contractor Management – Supporting community-based partnership models for provision of services**

As human services departments work to integrate services and to focus on client-focused, patient-centered care across all service sectors, significant changes in the development, administration and execution of contracted services are occurring. Over 50 percent of contracted services are provided by nonprofit providers, with the remainder provided through for-profit companies and individual providers. The varying organizational complexities of doing business with these providers, through individualized service delivery models, requires sophisticated planning, requirements analysis, documentation, standards for performance, and outcomes. Additional investment is needed to upgrade aging data systems for contracts administration and monitoring functions – to support the quality of the delivery, compliance with contractual provisions and effectiveness of the services delivery. Enhanced service integration and collaboration between safety net services and partners offers opportunities to enhance care, reduce costs and improve client outcomes.

#### **Community Engagement and Information – Informing, educating and seeking resident input in delivery of services that best meet their needs**

Approaches to resident engagement are driven by need, however discrete funding sources and regulations may result in fragmented service delivery approaches.

### **Challenges**

#### **Changing Human Services Business Model – Alignment of integrated service to better meet system client needs**

DAHS provides coordinated infrastructure services for the health and human services systems. This creates both opportunities for efficiencies and effectiveness in meeting resident needs; however the human services delivery model is currently programmatically aligned by funding stream and not fully integrated across programs and departments.

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The human services system is undergoing a transformation to an evolving new business model that is better focused on results for residents receiving services – and ways to best align service delivery to timely respond to their needs. The system has established six common goal areas that are client focused and centered on common determinants for need and required results in performance of service responses. Introduction of this new business model impacts the business processes for information and referral, eligibility determination, service planning and care coordination, registration and fee collection, billing, reporting and performance reporting. As the system evolves, there will be additional opportunities to enhance the arrangement of services, billing, reporting, outcomes tracking and client interfaces that DAHS supports.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #127: Operations Management</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$337,373	\$319,952	\$297,967
Operating Expenses	1,213,786	1,352,466	1,194,562
<b>Total Expenditures</b>	<b>\$1,551,159</b>	<b>\$1,672,418</b>	<b>\$1,492,529</b>
General Fund Revenue	\$0	\$0	\$0
<b>Net Cost/(Savings) to General Fund</b>	<b>\$1,551,159</b>	<b>\$1,672,418</b>	<b>\$1,492,529</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	4 / 4	4 / 4	4 / 4
<b>Total Positions</b>	<b>4 / 4</b>	<b>4 / 4</b>	<b>4 / 4</b>

## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Percent of stakeholders surveyed satisfied with overall services provided by DAHS staff.	79%	NA	94%	95%	95%

### Percentage of respondents satisfied with DAHS services provided by DAHS employees

DAHS strives to provide customers with a positive, satisfying experience using survey data to measure performance.

In FY 2013, 79 percent of survey respondents agreed, or strongly agreed, with the statement “Overall when I interact with DAHS staff, I am satisfied with my experience”. This compares to 82 percent of survey respondents in 2012 and 94 percent in 2011. In FY 2014, the survey tool system utilized experienced technical difficulties resulting in the loss of survey response data. In FY 2015, 94 percent of respondents surveyed indicated overall satisfaction with the services provided by DAHS. These results indicate a positive trend in DAHS performance that is reflected in future estimates, and in sustaining appropriate service levels to ensure program requirements are met.