

Human Services Discussion of Common Themes and Drivers



Discussion

- ▶ A decade of change
- ▶ Operating as a system to address needs
- ▶ Integration imperative
- ▶ Smart investments in people and the system

A Decade of Change

- ▶ Demographic Shifts: aging population and more diversity
- ▶ Great Recession: weakened economy led to significant increase in service needs and constrained resources
- ▶ Affordable Care Act: dramatically affecting the way we provide services within the full array of health and human services
- ▶ Updated Service Practices: changing industry practices

Resource & Budget Drivers

- ▶ Caseloads
- ▶ Medicaid waiver rates
- ▶ State and Federal Reforms
 - ▶ Administrative/procedural changes
- ▶ Emerging diseases
- ▶ Workforce training
- ▶ Speciality treatments and interventions
- ▶ Coordination of multi-system problems

Response to Changes

- ▶ Restructuring, Realigning, Redesign, Revenue, and Reduction
- ▶ Pushing the threshold of position vacancies to meet budget directives
- ▶ Pursuing partnerships, volunteers, and grants
- ▶ Improving administrative practices
- ▶ Implementing Results Based Accountability
 - ▶ Shared accountability for performance of the system

Working as One System
Responding as One System

Emerging Needs

FOCUS AREA

NEEDS

Sustainable Housing

- Affordable housing
- Accessible housing for older adults and individuals with disabilities
- Services to support independent living for older adults and individuals with disabilities

Economic Self-Sufficiency

- Financial assistance
- Affordable child care and early education opportunities

Healthy People

- Affordable health insurance
- Behavioral health services for adults
- Behavioral health services for children and youth
- Domestic violence services

Connected Individuals

- Affordable and accessible public transportation services
- Access to human services information

Successful Children and Youth

Positive Living for Older Adults and Individuals with Disabilities

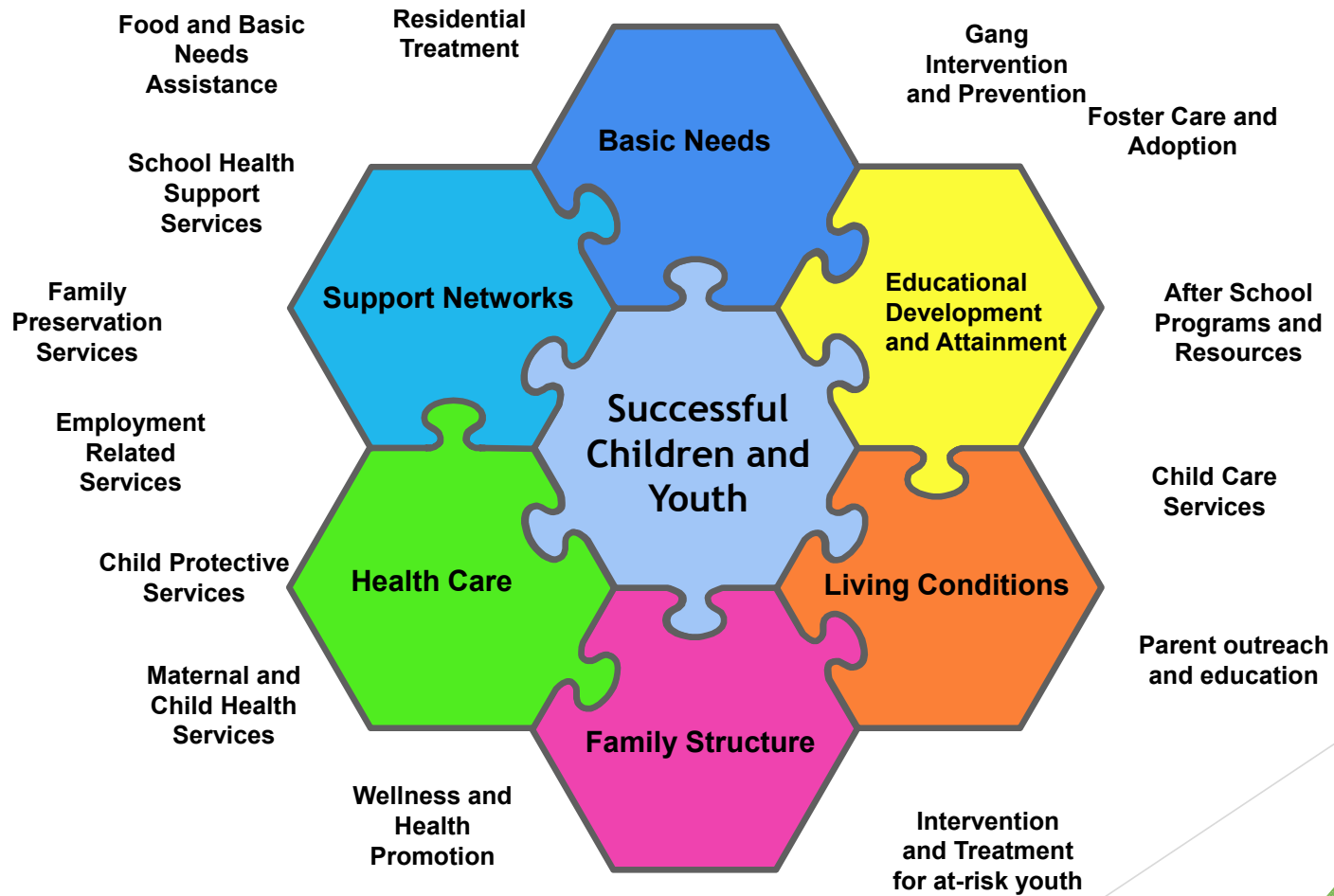
Operating as a System to Address Needs

- ▶ Vision: We are the foundation for thriving people and communities
- ▶ Mission: We create opportunities for individuals and families to be safe, be healthy, and realize their potential

Operating as a System to Address Needs

- ▶ Systems of Care
- ▶ Integrated Behavioral and Primary Health Care
- ▶ Early Childhood/School Readiness
- ▶ Successful Children and Youth Policy Team
- ▶ Diversion First
- ▶ Housing Blueprint and 10-Year Plan
- ▶ Economic Success Plan

Operating as a System to Address Needs



Operating as a System to Address Needs

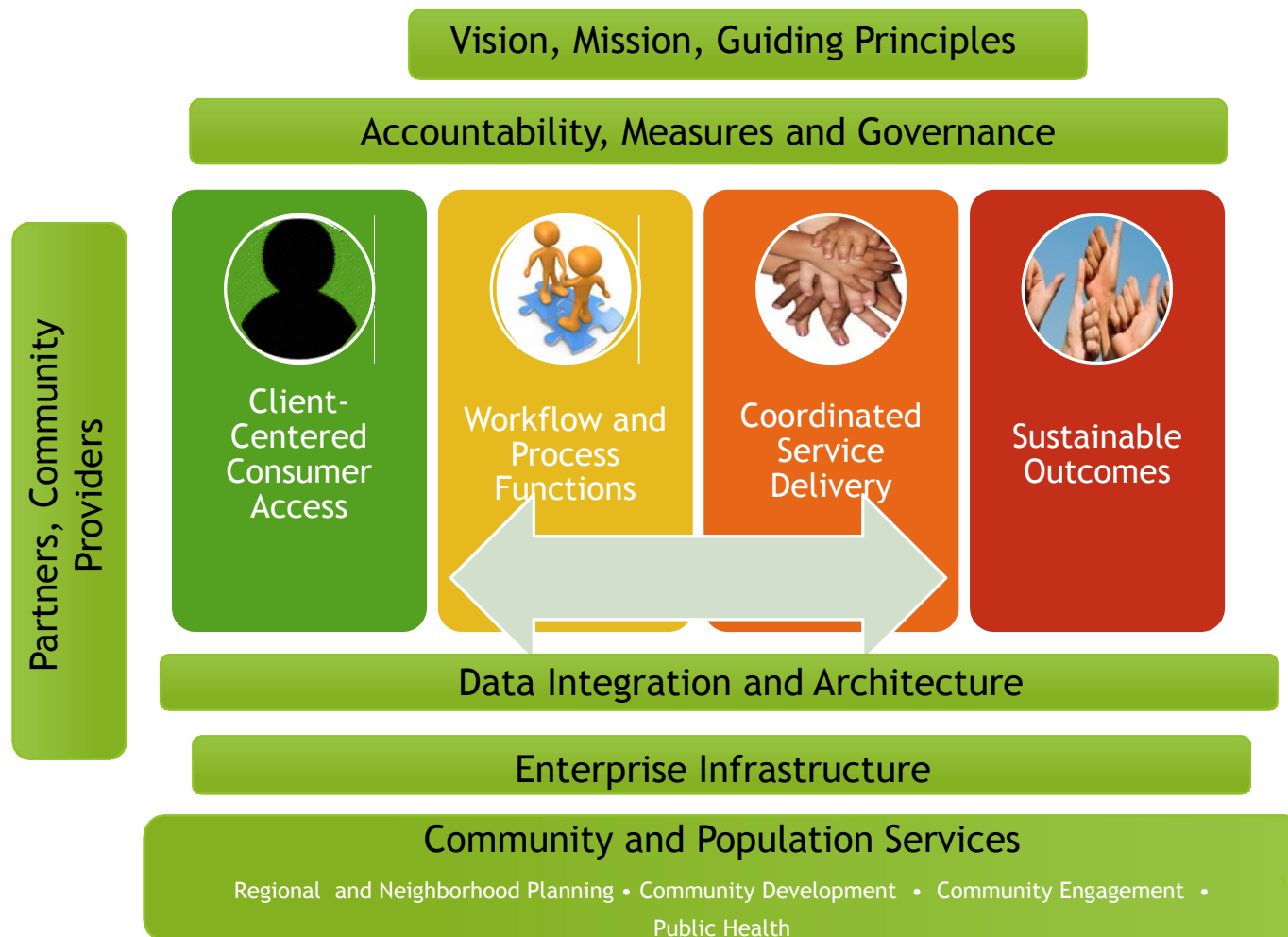


Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

| COORDINATED KEY ELEMENT: COMMUNICATION | | CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY | | INTEGRATED KEY ELEMENT: PRACTICE CHANGE | |
|--|--|--|--|---|---|
| LEVEL 1 Minimal Collaboration | LEVEL 2 Basic Collaboration at a Distance | LEVEL 3 Basic Collaboration Onsite | LEVEL 4 Close Collaboration Onsite with Some System Integration | LEVEL 5 Close Collaboration Approaching an Integrated Practice | LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice |
| Behavioral health, primary care and other healthcare providers work: | | | | | |
| In separate facilities, where they: | In separate facilities, where they: | In same facility not necessarily same offices, where they: | In same space within the same facility, where they: | In same space within the same facility (some shared space), where they: | In same space within the same facility, sharing all practice space, where they: |
| <ul style="list-style-type: none"> ▶▶ Have separate systems ▶▶ Communicate about cases only rarely and under compelling circumstances ▶▶ Communicate, driven by provider need ▶▶ May never meet in person ▶▶ Have limited understanding of each other's roles | <ul style="list-style-type: none"> ▶▶ Have separate systems ▶▶ Communicate periodically about shared patients ▶▶ Communicate, driven by specific patient issues ▶▶ May meet as part of larger community ▶▶ Appreciate each other's roles as resources | <ul style="list-style-type: none"> ▶▶ Have separate systems ▶▶ Communicate regularly about shared patients, by phone or e-mail ▶▶ Collaborate, driven by need for each other's services and more reliable referral ▶▶ Meet occasionally to discuss cases due to close proximity ▶▶ Feel part of a larger yet ill-defined team | <ul style="list-style-type: none"> ▶▶ Share some systems, like scheduling or medical records ▶▶ Communicate in person as needed ▶▶ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▶▶ Have regular face-to-face interactions about some patients ▶▶ Have a basic understanding of roles and culture | <ul style="list-style-type: none"> ▶▶ Actively seek system solutions together or develop work-a-rounds ▶▶ Communicate frequently in person ▶▶ Collaborate, driven by desire to be a member of the care team ▶▶ Have regular team meetings to discuss overall patient care and specific patient issues ▶▶ Have an in-depth understanding of roles and culture | <ul style="list-style-type: none"> ▶▶ Have resolved most or all system issues, functioning as one integrated system ▶▶ Communicate consistently at the system, team and individual levels ▶▶ Collaborate, driven by shared concept of team care ▶▶ Have formal and informal meetings to support integrated model of care ▶▶ Have roles and cultures that blur or blend |

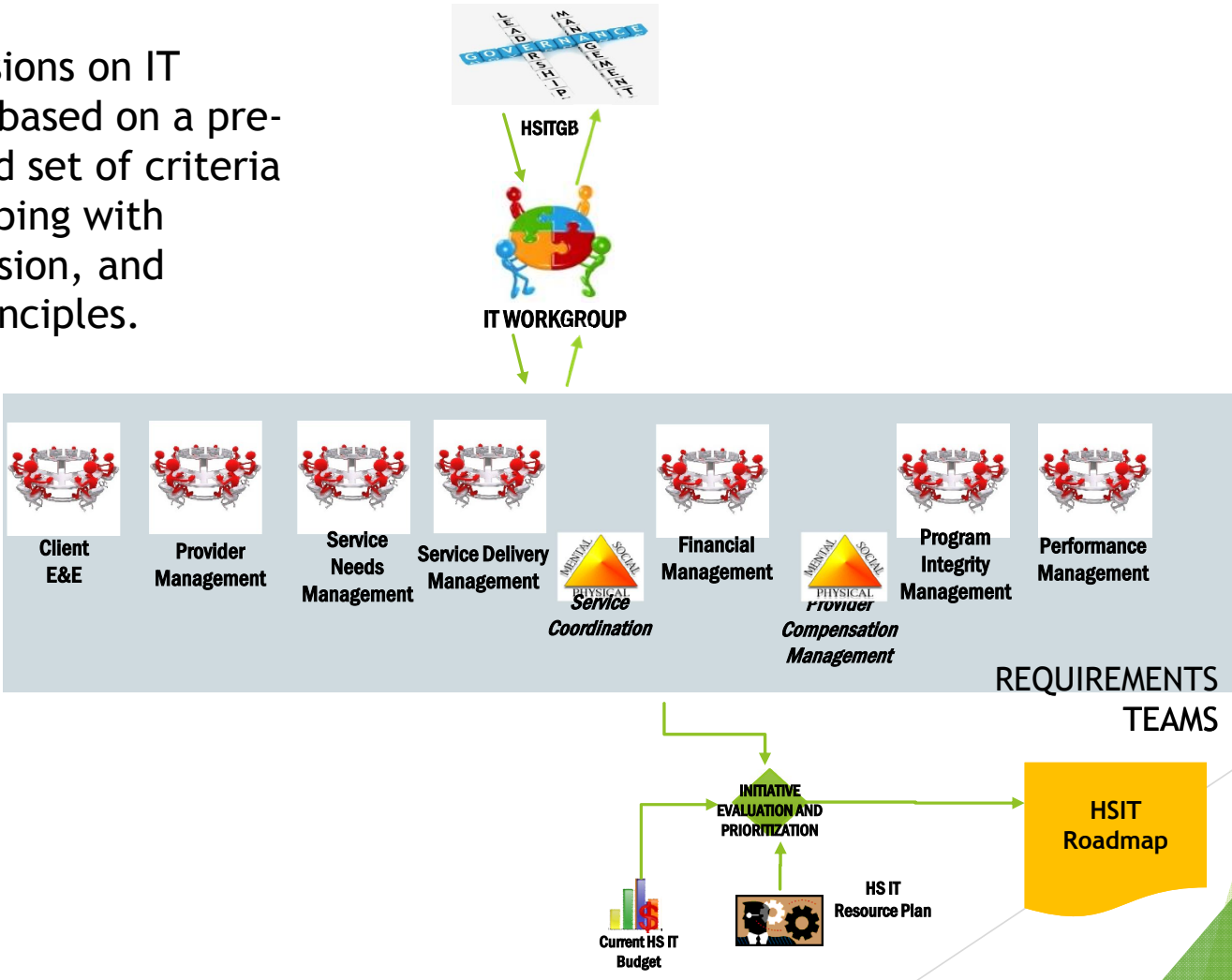
Integration Imperative

Siloed approaches to service delivery do not work well for either citizens or governments.

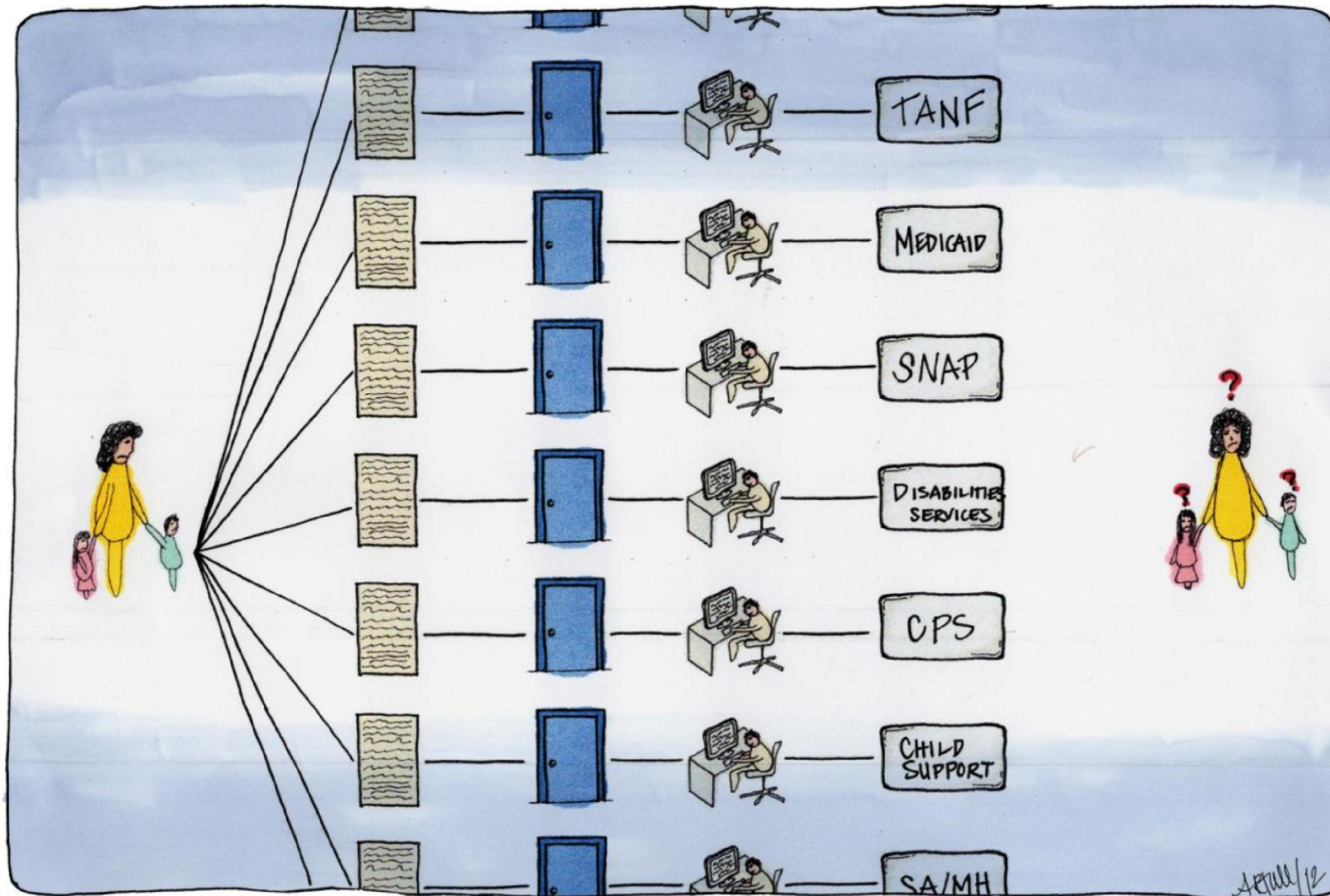


HS IT Governance Board

Make decisions on IT initiatives based on a pre-determined set of criteria and in keeping with vision, mission, and guiding principles.

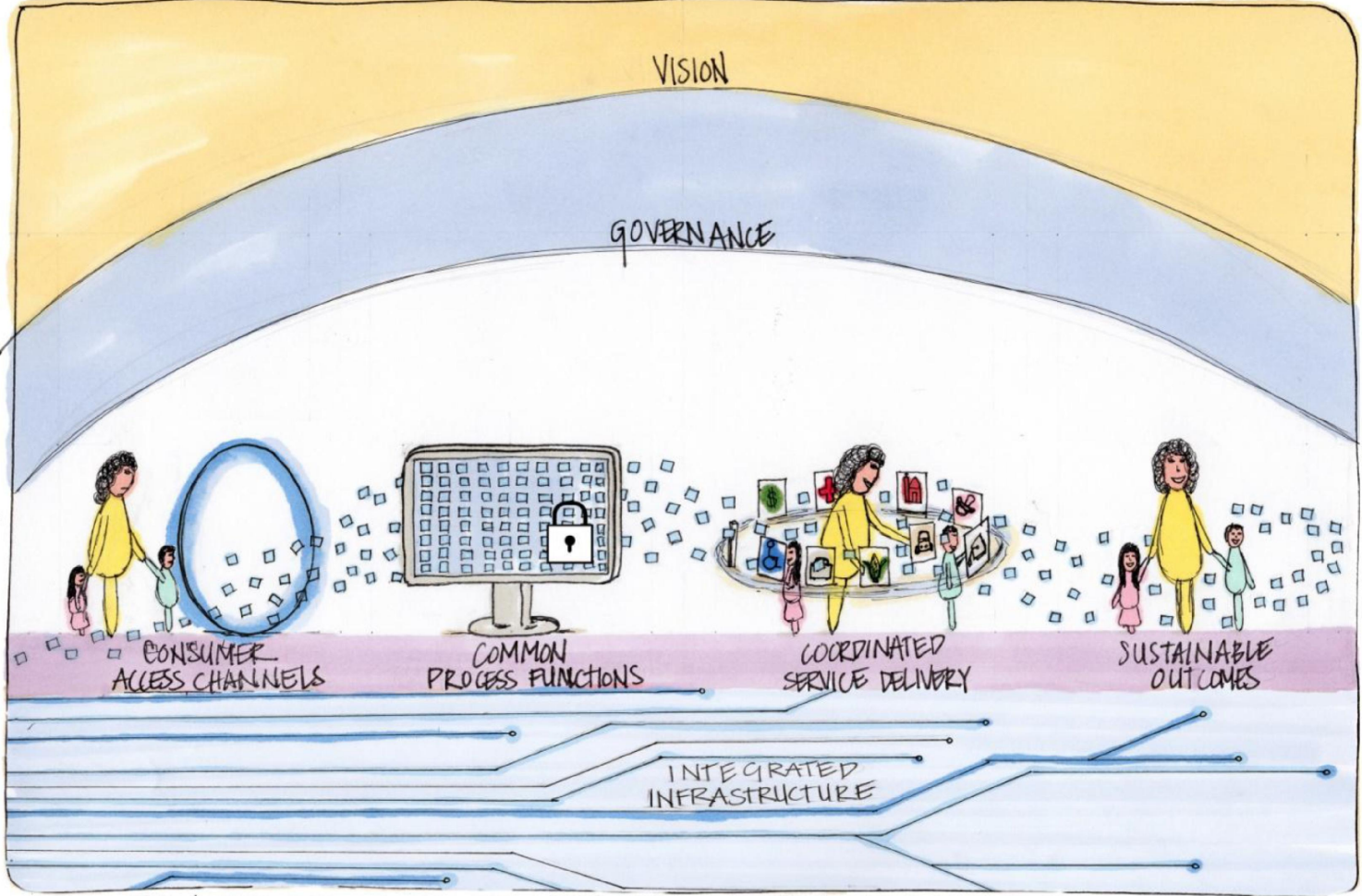


Siloed IT Systems & Programs



THE CURRENT HEALTH & HUMAN SERVICES SYSTEM.

Integrated IT Systems & Programs



NEW BUSINESS MODEL FOR INTEGRATED HEALTH & HUMAN SERVICES SYSTEM.

HS - Data-Driven Service Delivery



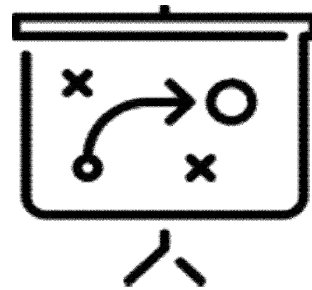
Human Services Needs Assessment

- Understand needs and trends
- Identify Gaps in Resources
- Utilize Information to Improve Outcomes
- Multiple sources of information

*Data collection,
Evaluation*

Human Services Report Card - Strategies

- Part of Report Card
- The “How” to achieve outcomes



Planning, Prioritization

Human Services Report Card - Performance



- 6 Focus Areas
- Goals
- Metrics

*Synthesis,
Analysis*

Smart Investments in People and the System

- ▶ Coordination
- ▶ Innovation
- ▶ Best Practice
- ▶ Benchmarking
- ▶ Responding to Emerging Needs
- ▶ Information and Data Analytics

Well-being is something we build. And like any structure, it requires materials and a team to build it.



This is the role of Health and Human Services in Fairfax County