

YOLO COUNTY HEALTH & HUMAN SERVICES CONSOLIDATION ANALYSIS PRELIMINARY RECOMMENDATIONS REPORT TO STAKEHOLDERS

October 28, 2013
Resource Development Associates

Agenda

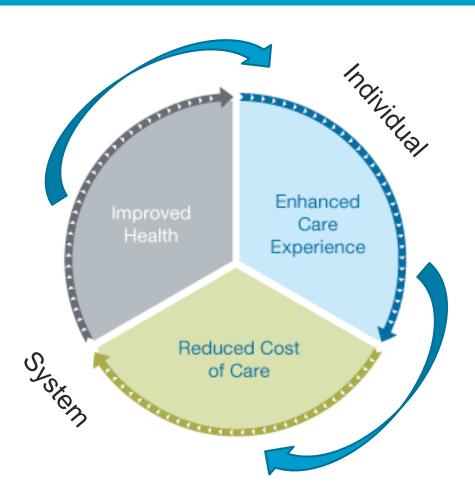
- 1. Process Overview
- 2. Findings & Recommendations
- 3. Q & A

1. PROJECT OVERVIEW

Resource Development Associates

Guiding Framework: Triple Aim

- Any changes to the system should result in improvements on three key levels:
 - Consumer experience
 - Overall population health
 - Cost of care





Stakeholder Outreach

- Three interactive project objective meetings
- Three focus groups with employees and providers
- Twenty-two interviews with a cross-section of stakeholders
- Documentary data review: budgets, org. charts, provider contracts, MOUs, data systems and existing reports, plans and dashboards

Best practice research

- Review existing research on integration models and progress
- Interviews with peer counties: Placer, Shasta and Sonoma

Consolidation and Integration

- Consolidation is the clustering of services under a single administrative unit
 - Typically informed by best practices in service integration
- Integration refers to the connections across services, including preventive, curative and social support
 - Occurs on a continuum; there are multiple effective models
 - Refers to strategies for delivering care as well as ways of working between organizations that cross administrative boundaries
 - Enables service management and delivery according to the client's needs over time and across different levels of the system

Integration Models and Options

- Integration occurs on a continuum
 - Low end: Formal collaboration across administratively separate departments
 - High end: Shared leadership, administrative services and service planning
- Appropriate model is highly dependent on individual factors
 - Organizational readiness
 - Capacity to manage and sustain change
 - Resources to devote to reorganization and related training

Benefits of Successful Integration

- Improves client outcomes by reducing barriers to access and enabling more comprehensive services
- Reduces administrative and indirect costs
- Facilitates the identification and elimination of duplication in staffing and services
- Enhances collaboration

Challenges to Consolidation

- Generating buy-in from staff, legislators, and public
 - Can create controversy, distrust and fear of job loss
 - Requires inclusive planning process, documented decisions and sustained communication
- Potential for reduced revenue and high costs at start
 - Investments in new systems and staff training
 - Initial productivity loss as employees adjust to changes in work and expectations
- Diffuse expertise among leadership
 - Necessitates formal protocols to trigger critical considerations
- Overly ambitious or too incremental
 - Small adjustments may do little to achieve goals, while a full reorganization can take several years to implement effectively
- Funding and political support can diminish quickly
 - Objectives, activities and progress must be clearly and widely communicated

Key Features of Successful Integration

Systemic	Organizational	Service Delivery
Supportive leadership	 Outcome based 	 Common intake process
Resources to support efforts	management and budgeting	 Cross-trained staff
Regionalization	 Matrix management 	 Multi-disciplinary case
Top-down and Bottom-up	 Multi-disciplinary staff 	review
Planning	 A common vocabulary 	 Family focused services
Integrated IT systems	• Staff development/culture	 Colocation of staff and
	change	services

☐ While consolidation is generally based on the same Triple Aim framework, how a county consolidates is unique to local capacity and needs

4. CONCLUSIONS AND RECOMMENDATIONS

Resource Development Associates

Key Readiness Strengths

- Co-location/proximity of services in Woodland and West Sacramento
- Partnerships to expand reach to rural areas
- Joint executive level planning through HHS
 Workgroup
- Recognition of the value of joint case planning
 - Multi-Disciplinary Review Team (MDRT)
- Informal linkages and coordination at service level
- Established processes for data sharing

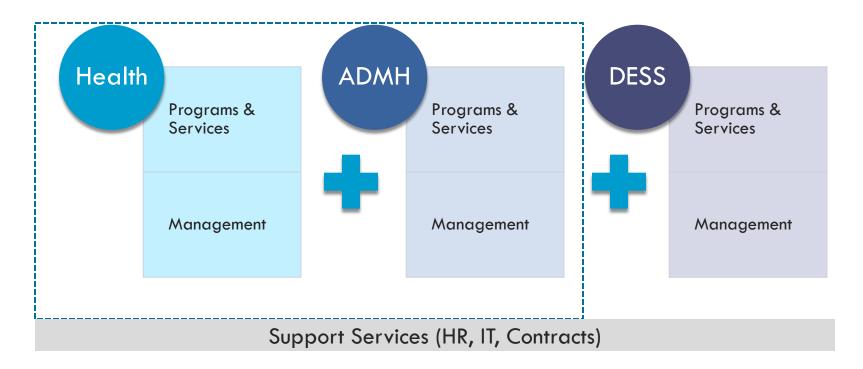
Phase 1: Structured Collaboration

- Integrate Health and ADMH leadership, programs and services; create more formal linkages with DESS services
 - Institute joint planning across public health, primary care, behavioral health and social services
 - Develop cross-training program to expand shared knowledge
- Build on existing co-location/service proximity to create multi-service centers organized by population served
 - Enhance collaboration by population and major service type
 - Leverage provider network to expand points of service delivery
- Merge and centralize contracting activities into one County unit
- Develop formal Fiscal, IT, and HR linkages across consolidated Health Services Department and existing DESS
- Maintain HHS Workgroup to prepare for further consolidation
 - Initiate Data Workgroup to expand data sharing while safeguarding privacy and regulatory compliance
 - Engage program management in collaboration and planning

Phase 1 Organization

Collaborative Health & Human Services Delivery

- Health & ADMH consolidation
- Co-location of programs and services
- Collaboration between service providers across departments/units



Phase 2: Continue HHS Integration

- Prioritize integration efforts to improve services according to the Triple Aim
 - Consider increasingly formalized integration between Health/ADMH and DESS
- Continue to expand multi-service centers through colocation of human services based on population
 - Emphasize early intervention across populations and services
 - Modify community-based service provider relationships to encourage service-level collaboration
 - Formalize linkages with Criminal Justice-related services based on common populations served
- Implement data integration based on recommendations from HHS Data Workgroup



Thank you

Amalia Egri Freedman

afreedman@resourcedevelopment.net

510.984.1547