

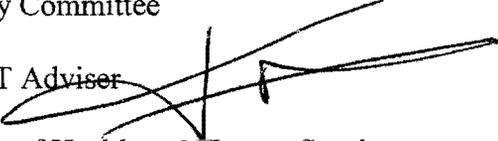
HHS/MFP COMMITTEE #1  
September 24, 2009

Worksession

MEMORANDUM

September 22, 2009

TO: Health and Human Services Committee  
Management and Fiscal Policy Committee

FROM: Dr. Costis Toregas, Council IT Adviser 

SUBJECT: Technology in the Department of Health and Human Services

Expected to participate in the discussion:

Uma Ahluwalia, Director, DHHS  
Jon S Frey, Chief, Information Services & Technology, DHHS  
Steven Emanuel, Chief Information Officer, DTS

Summary of key issues

1. This worksession is providing an update regarding DHHS efforts in service integration to the Committees. There are no decisions expected at this time.
2. DHHS is looking for reactions and guidance regarding their desired next steps; ©20 summarizes current options in the State and Federal collaboration field. The current “next steps” all appear worthwhile and supportable, but the role for the Committees is not clear in any of them. Staff recommends that DHHS develop a series of policy options at the proper time for the Committees to review for possible Committee guidance.
3. The detailed documents developed to date, as well as in the future, are on an information sharing portal (using SharePoint) accessible to all council members. If the Committees feel it would be helpful, this access can be extended to Council staff and ultimately to the general public.

Background

On March 5, 2009, the Committees received a briefing by the Department of Health and Human Services (DHHS) regarding their service integration effort and the role that Information Technology is expected to play. The Committees requested an update on the effort in the Fall,

and this Worksession is in response to that request. The Department intends to use a PowerPoint presentation on © 1-20.

### Staff observations on DHHS presentation

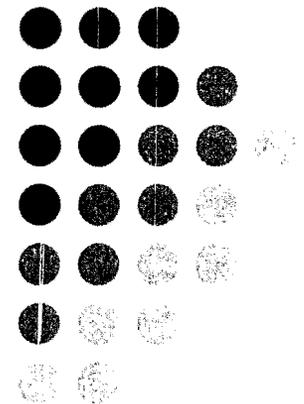
1. This DHHS initiative is based on some major design characteristics:
  - a. “No wrong door- one HHS” meaning that a client can show up anywhere, and receive proper services for all their needs.
  - b. Enter data once, re-use it many times.
  - c. “Interoptimability”- a “new” word which describes how organizations will integrate and optimize their capacities to work together.
2. The “no wrong door” vision gives rise to possibilities of using portable devices and secure wireless networks to permit DHHS to become far more mobile in their intake and referral (I&R) functions. Extrapolated to the ultimate conclusion, an IT system that permits any location to provide I&R services would make such a field-based approach possible. It is not clear whether this potential is currently part of the planning effort.
3. In order to accomplish their objective, DHHS has begun with an IT assessment; this produced a set of target actions on ©15 that can help move the department forward. Key amongst the findings are the following:
  - a. Governance is vital
  - b. Key inhibitors to organizational change have been identified and must be verified
  - c. Early win opportunities have been suggested (but not provided to the Committees yet)
4. The analysis has had two major stages: seeing how things are done today (called the AS IS analysis) and an expression of how things could be in the future (called the TO BE analysis). ©21-26 presents an example of an AS-IS analysis (using the Food Stamps program) which gives insight into the complexity of current processes, as well as the amount of work already under way before any new IT development activity is launched. The Committees should be briefed as to the % of processes which have already been mapped to this level of detail, and whether the “early win opportunities” referenced on ©15 relate to this analysis.
5. The County is currently in the midst of major technology modernization projects; the Enterprise Resource Planning (ERP) effort and MC311 are both expected to provide results within 12 months, and each interfaces with the processes of HHS. Work is under way to make sure that those interfaces are effective, and also that they provide support to the subsequent HHS system development efforts in the TO BE effort.
6. The next steps suggested on ©20 identify both State and Federal strategies for funding and support. An early demonstration pilot with other counties in Maryland is proposed for development. The Committees may want to ask more detailed questions regarding this pilot, and the functions to be covered.
7. Funding for this initiative is not clear. The experience of the County with ERP is that major, change-oriented efforts are long term, and require sustained funding. The

experiences that the County has had in ERP management, including funding strategies, change management and governance are invaluable. The interrelationship between this project and the Technology Modernization effort should be clarified and an evaluation made as to the best way to learn from the TechMod experiences and strategies.

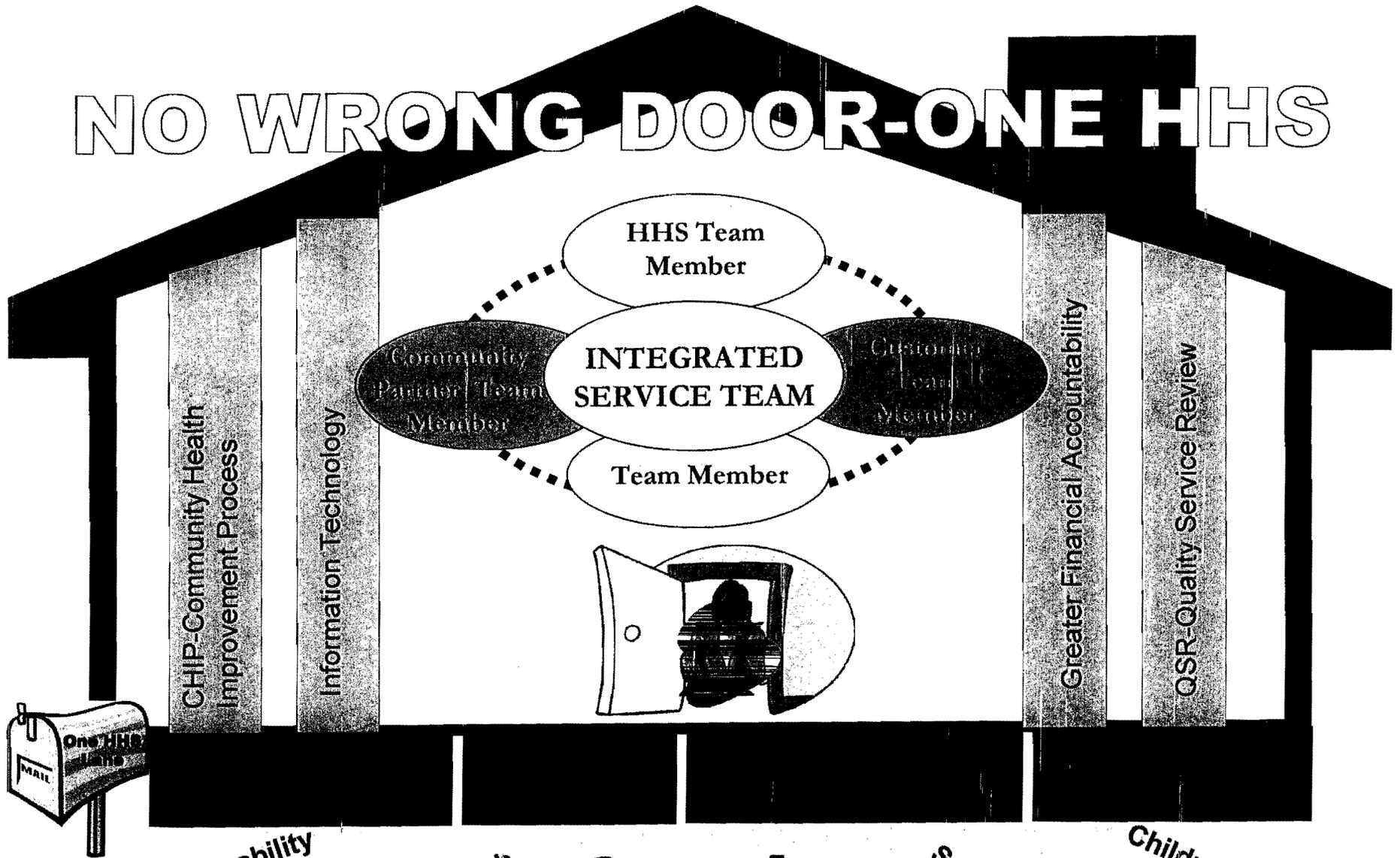
8. A multitude of documents have already been prepared by DHHS, DTS and their consultants. Acting proactively, DHHS has established an information repository where those documents are stored, using a technology called Sharepoint. ©27 shows the “home page” of this system. This technology is permission-based, and current permissions have been given to each Council member and the Council IT advisor. It is possible to extend this set of access authorizations to others, so a discussion as to who should be included (Council staff? the general public?) would be useful.

# HHS Service Integration Update

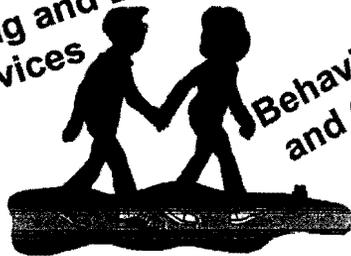
MONTGOMERY COUNTY  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
SEPTEMBER 24, 2009



# NO WRONG DOOR-ONE HHS



Aging and Disability Services



Behavioral Health and Crisis Services



Community Outreach

Public Health Services



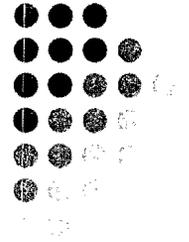
Special Needs Housing



Children Youth and Family Services



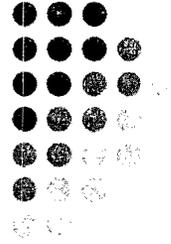
# Why an Integrated Solution is important:



- Case of the homeless diabetic – can her diabetes be stabilized until her homelessness is addressed? How does one coordinate that case plan?
- Case of an immigrant woman pregnant with third child, no health insurance, husband has lost second job, experiencing domestic violence – what do we treat first, how is care coordinated and how is treatment information shared?



# Barriers to an Integrated Case Management System



- Lack of a coherent practice model that lays out the vision for an integrated service system that has a no wrong door approach
- HIPAA and 42 CFR perceived as a barrier
- Disparities often seen as a challenge and the framework is not one of equity but of a system that exacerbates the differences
- Siloed approach to funding, policy making and the way in which treatment and intervention services are delivered
- HIT perpetuates this siloed approach.
- Without addressing social determinants, health outcomes will not improve



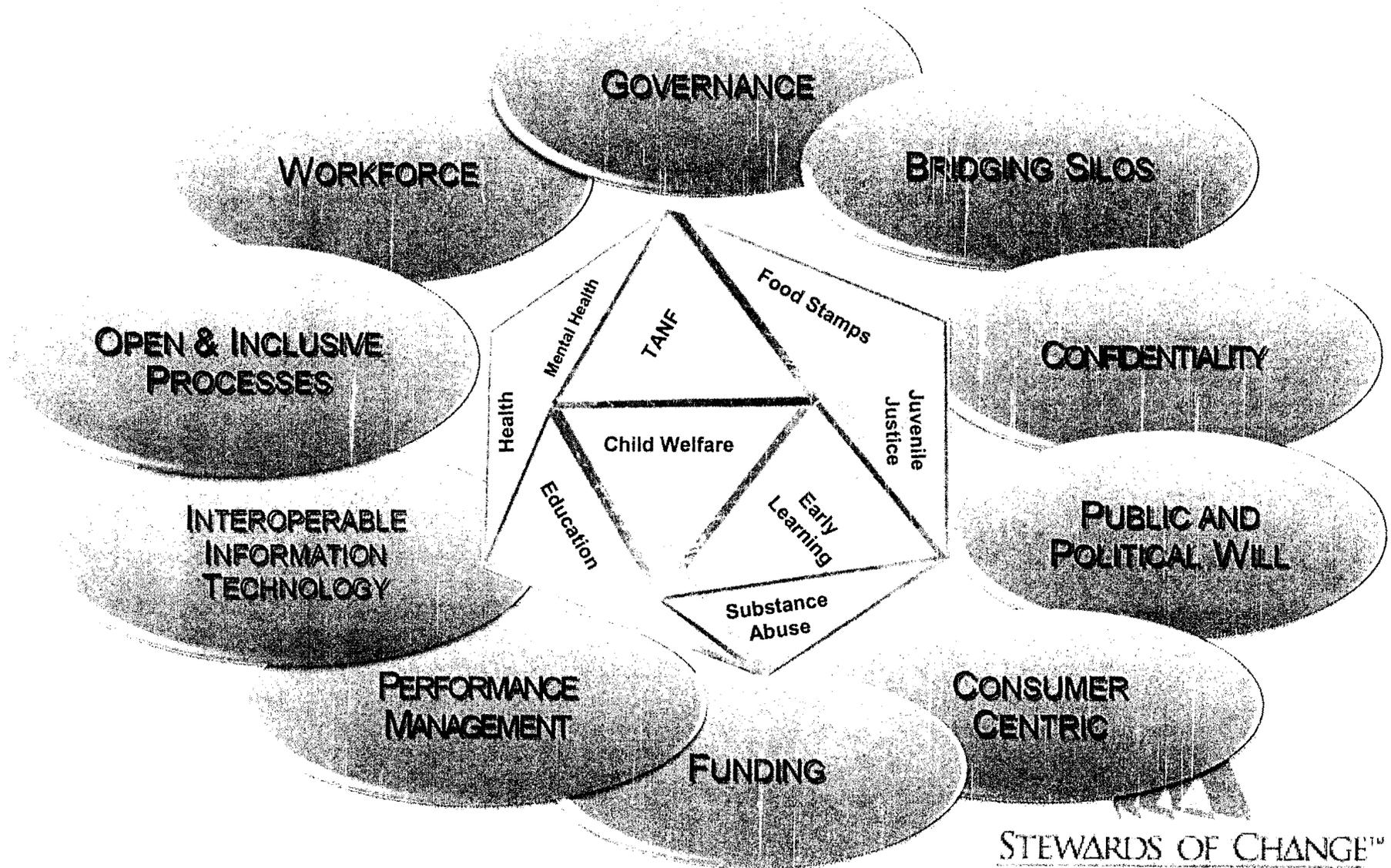
# Human Services 2.0: InterOptimability

- *“Human Services 2.0”*
  - ...describes the *To-Be* vision (future state) of a connected and coordinated Human Services, Health and Education System that is customer-centric; family-focused; technology enabled
- ***“InterOptimability”***
  - ....how organizations will integrate and optimize their capacity to learn about, plan for, and leverage interoperability. It describes the processes for planning, assessing, implementing and measuring interoperability, including:
    - Change Vision Landscape Maps
    - Domain Drivers (Policy, Practice, Structure)
    - Assessments & Maturity Matrices
- ***“Conceptual Architecture”***
  - Overlay to Service Oriented Architecture



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# InterOptimability Drivers: Consumer-centric, Family Focused, Technology Enabled



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# The Promise Of Interoperability

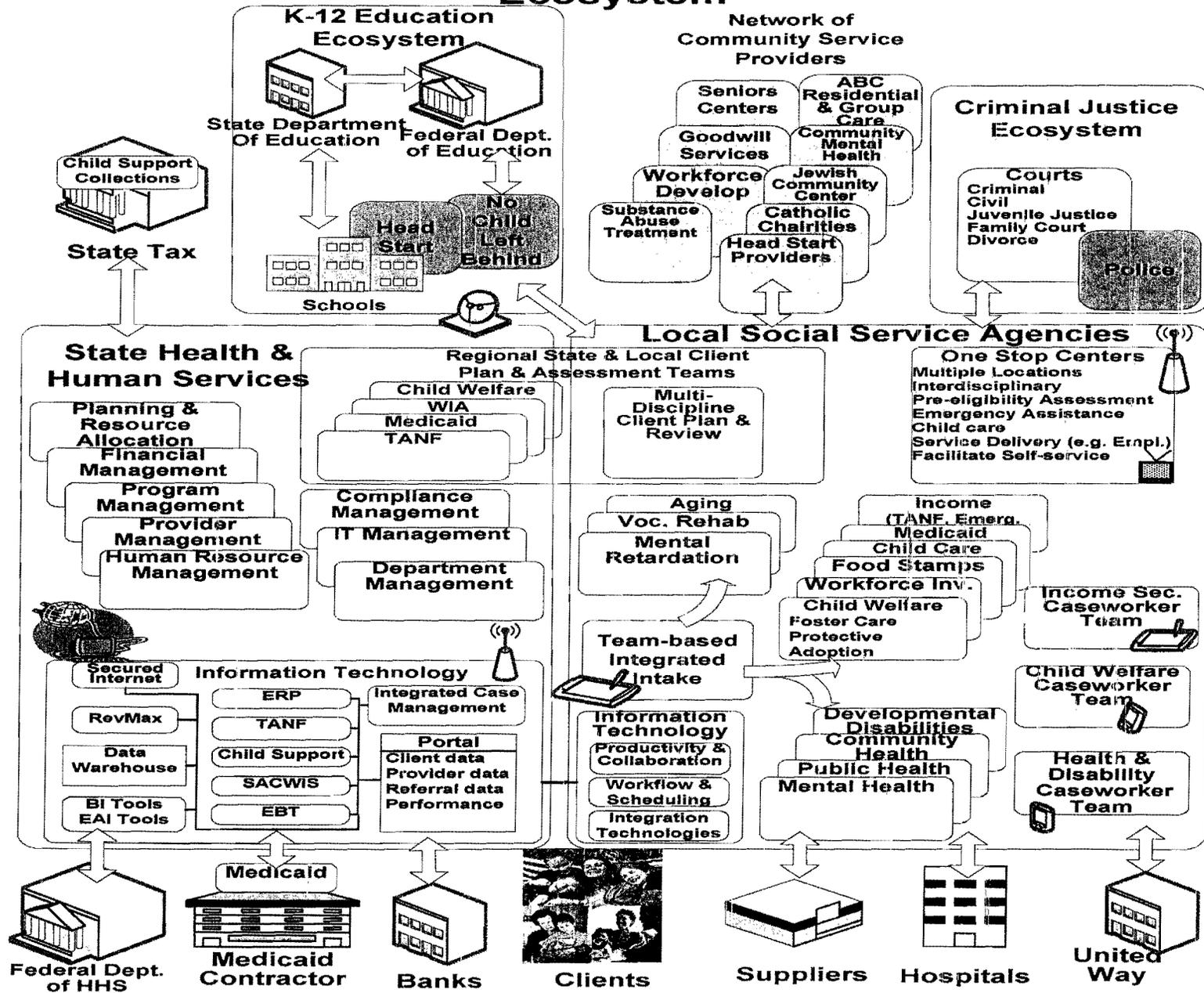
- The needs of at risk children, adults, seniors, families and communities are met quickly, effectively, and efficiently
  - Connect all Human Services Systems across departments and providers
  - Public, Private and Not-for-Profit
- Seamless integration across the service delivery chain
  - Coordinate Policies, Practices, Funding, And Operations Across The Public And Private Sectors
- A comprehensive view of the client
  - All services provided, status of the case, progress, goals and outcomes in real time
- Supports an integrated management system
  - Processes, systems and tools aligned to improve outcomes, enhance operational efficiency and lower costs



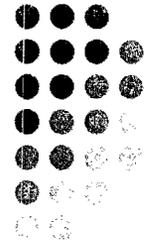
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# Complexity of the Health & Human Services Ecosystem



# Technology and integrated service delivery

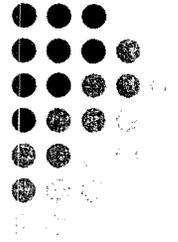


*To support the process model - technology must;*

- Be driven by the business processes as a support capability
- Consist of Appropriate Technology
  - Staff sees value / Client sees quality
  - Enter data once, re-use many times
  - Provide gateway functions (systems, tools, data)
  - Strong reporting tools
- Help to integrate common functions
- Provide increased efficiencies for clients and staff.
- Support
  - Evidence based practices
  - Outcomes driven reporting

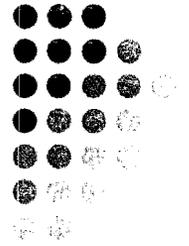


# Solving the service integration challenges



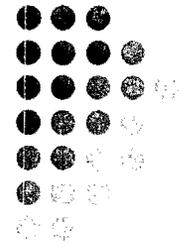
- Study the problems closely
  - Detailed AS-IS process analysis
  - TO-BE process development
  - Data use across processes
- Look inside process for places to improve efficiencies
  - Non-client facing admin activities (up to 50% of total transaction time)
  - Middleware can be developed to perform multiple checks at once (saves on every transaction)
    - SSN verification
    - Employment status
    - Criminal record check
- Continue the use of AIF/CRS technology with more user friendly new look and feel
  - To provide certain capabilities
  - To integrate with other capabilities that may be purchased or developed
- Start by standardizing client engagement (Gateway 9.4)
  - Check-in
  - Needs Determination
  - Referral / Schedule management

# Key IT Projects



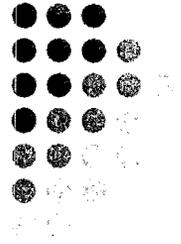
- ERP
  - Implementation of WPA/RAP payments on AIF
  - ERP interface implementations
    - Payment/Confirmation
    - Vendor file synchronization
- MC311 and MCTime – Presently in development cycle
- Service Integration
  - Roll-out of client engagement capability
- Development projects (on hold due to ERP)
  - Data warehouse
  - Confidentiality
  - Imaging
  - Face sheet
  - Middle-ware proof of concept

# IT Assessment Phase 1 key activities



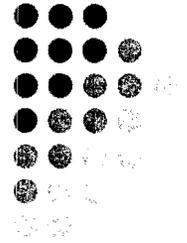
- ✓ AS-IS Business Process Analysis (16 programs)
- ✓ Creation of overall vision for DHHS
- ✓ TO-BE Process Analysis
- ✓ Technology and Development Process Review
- ✓ Overall AS-IS TO-BE business / gap analysis
- ✓ Common/Unique Data Analysis
- ✓ InterOptimability Analysis
- ✓ Inter-jurisdictional Convening
- Determination / Estimates of next steps

# Solving the service integration challenges



- **The IT Assessment (Phase 1) yielded the following**
  - A number of early win opportunities that can be implemented
  - Identified the need for continued analysis & change activities
  - A Department change vision (2015)
  - Validation of the AIF technology base
  - Identification of governance as key to solving many items
  - Verification of key inhibitors to organizational change
  - Determination of the level of effort to
    - Implement near term changes
    - Refine the initial cost to complete estimates
    - Study the problem more

# DHHS Technology



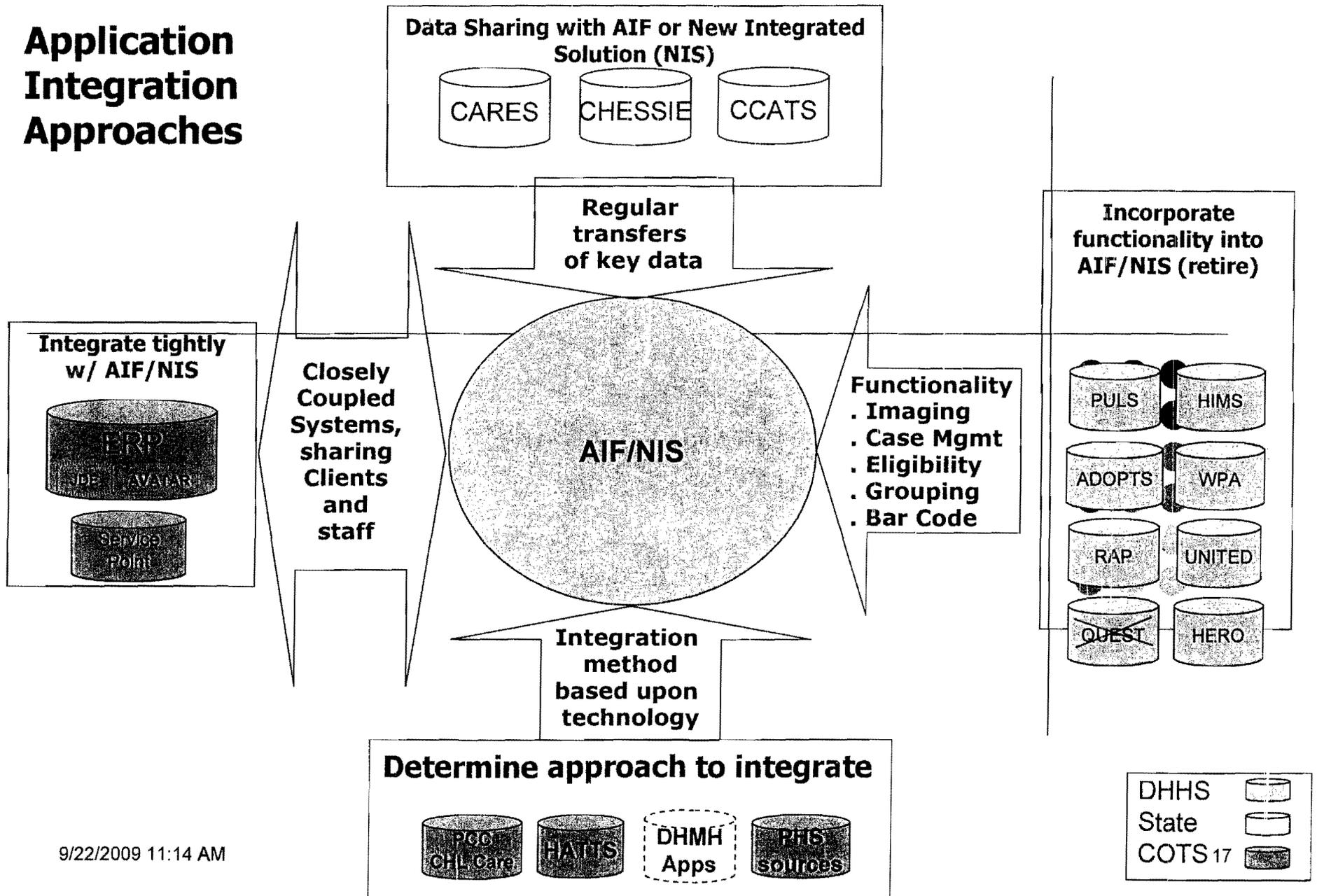
- In the past 6 years the DHHS IT organization has moved
  - From a support only organization with aged technology
    - to -
  - A proactive IT support team and development organization creating functionality with both current and advanced technology

*This took years but it was a prerequisite for everything else.*

- DHHS is a large organization with a great deal of local, state and federal technology to deal with
  - Over 1500 employees
  - Almost 100,000 clients served annually
  - In 23+ County locations + 200 MCPS locations
  - Technology including
    - 400+ laptops
    - 54+ servers
    - 450 printers
    - 50 + applications (local, state, federal, COTS) to support

# System/Data Integration Strategy

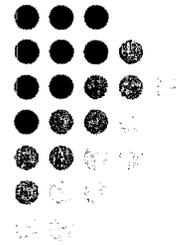
## Application Integration Approaches



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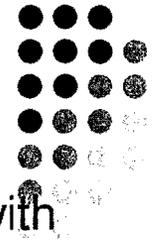


# DHHS activities - recap



- DHHS is a unified Department delivering a broad range of services to clients throughout their lifetimes
- DHHS has embarked upon implementing an Integrated Case Management and Services delivery model
- Implementation will require changes in
  - Policy
  - Practice
  - Structure
- Recently completed IT Assessment provided a good starting point but next steps and resources are now being developed

# Next Steps:



- Build support at the State level for our IT efforts – met with Deputy Secretaries of DHMH and DHR; Steven Emanuel has been connecting with the State CIO
- Explore our ability to tap into technical assistance and consultation from our state partners as we develop next steps and design our interoperable system based on our vision as laid out in our Vision Map
- Develop a multi-jurisdictional/multi-county demonstration project, with congressional and state support
- Given the impact of social determinants on health outcomes, it would be helpful if HIT had both a public health focus and a social determinants focus and not just Health IT for hospitals, doctor's offices and community health clinics – we are using Johns Hopkins to help us make this case
- Continue to explore how we have the interoperability conversation at the Federal level with multiple departments – have met with HRSA, SAMHSA, GAO, (talking to ACF and CMS as well)
- Pursue CARES, CHESSIE and MMIS interfaces – support interoperability at the local level
- Your guidance on next steps?

**MONTGOMERY COUNTY - Department of Health and Human Services  
IT Assessment Phase I – “As-Is” Business Process Analysis**



**Temporary Cash Assistance Program  
and Food Stamps Program**

**Subject Matter Experts (SMEs):**

*David Carter, Income Support Manager*

*Anne Metta, Income Support Supervisor*

*Mary Whittaker, Income Support Lead Worker*

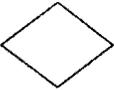
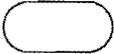
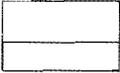
*Dharam Telhan, Assistant Supervisor*



**CONSULTING**



## Legend

	Process		On-page reference
	Decision Box – a “yes” or “no” decision made by the person handling the process at that time.		Predefined process
	Process beginning or end		Document
	Off-page reference - Outgoing		Manual process
	Off-page reference - Incoming		

Black text – process common for TCA and Food Stamps

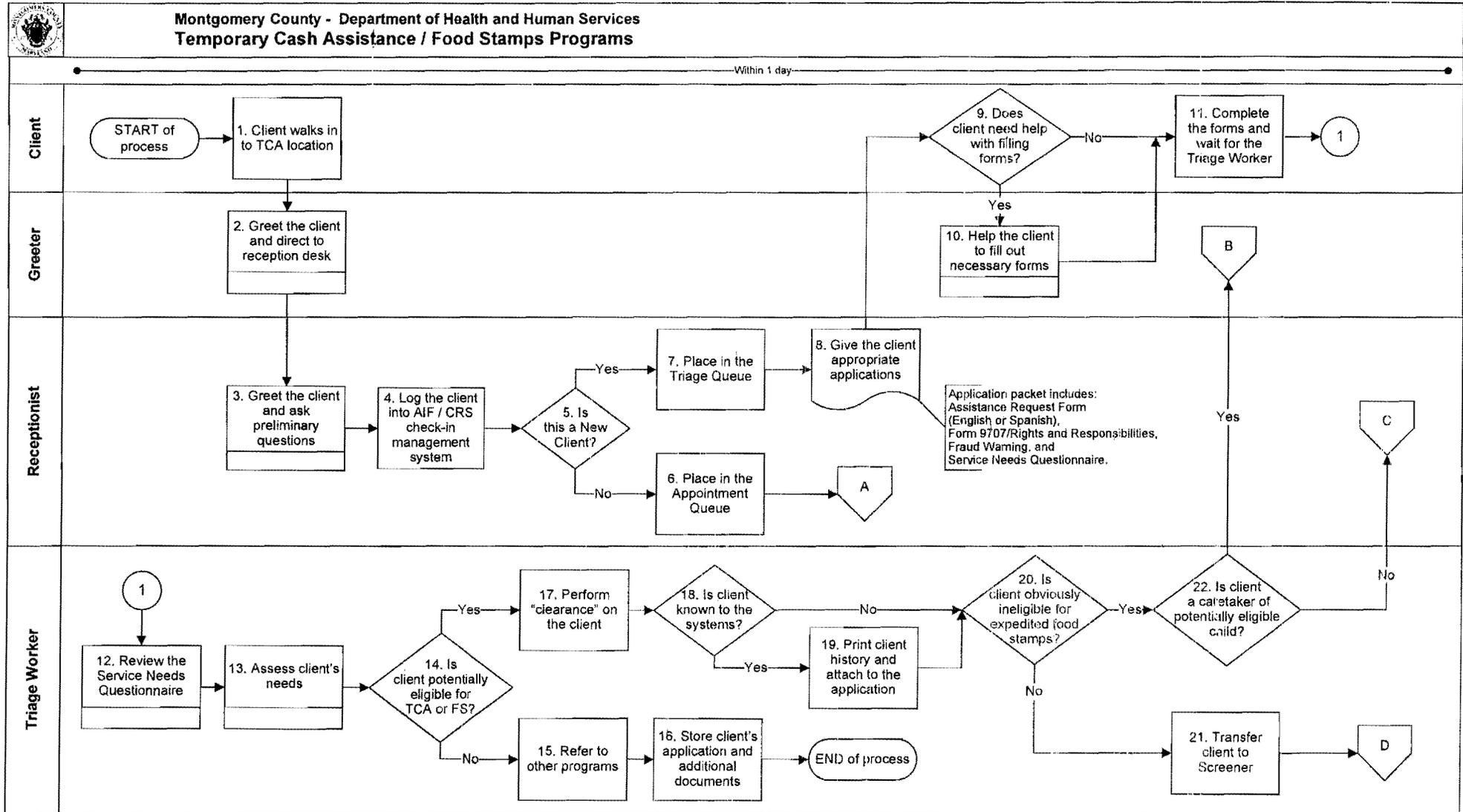
Red text – process related only to Food Stamps

Blue text – process related only to TCA



Montgomery County - Department of Health and Human Services  
 Temporary Cash Assistance / Food Stamps Programs

Within 1 day

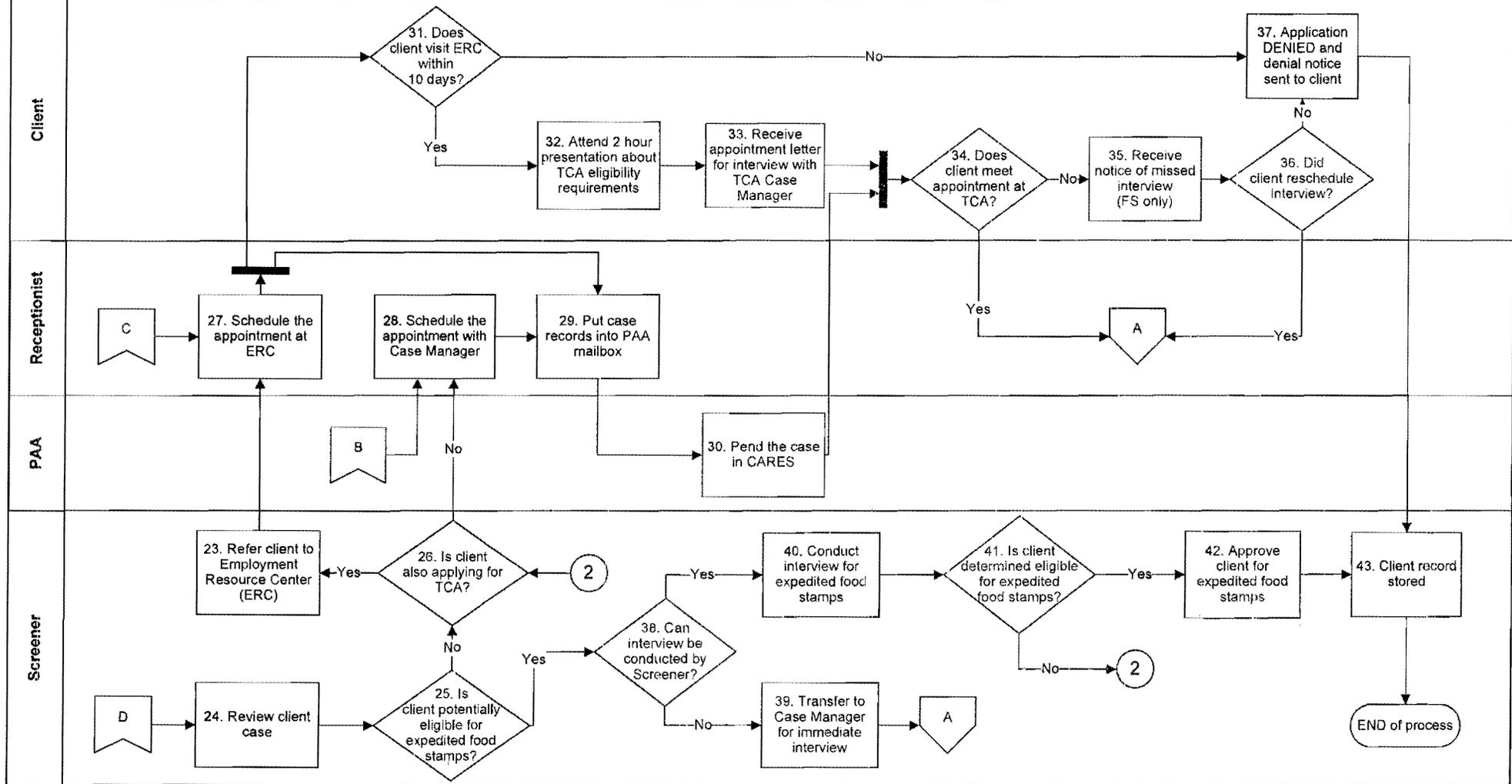


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Montgomery County - Department of Health and Human Services  
Temporary Cash Assistance / Food Stamps Programs

Within 30 days

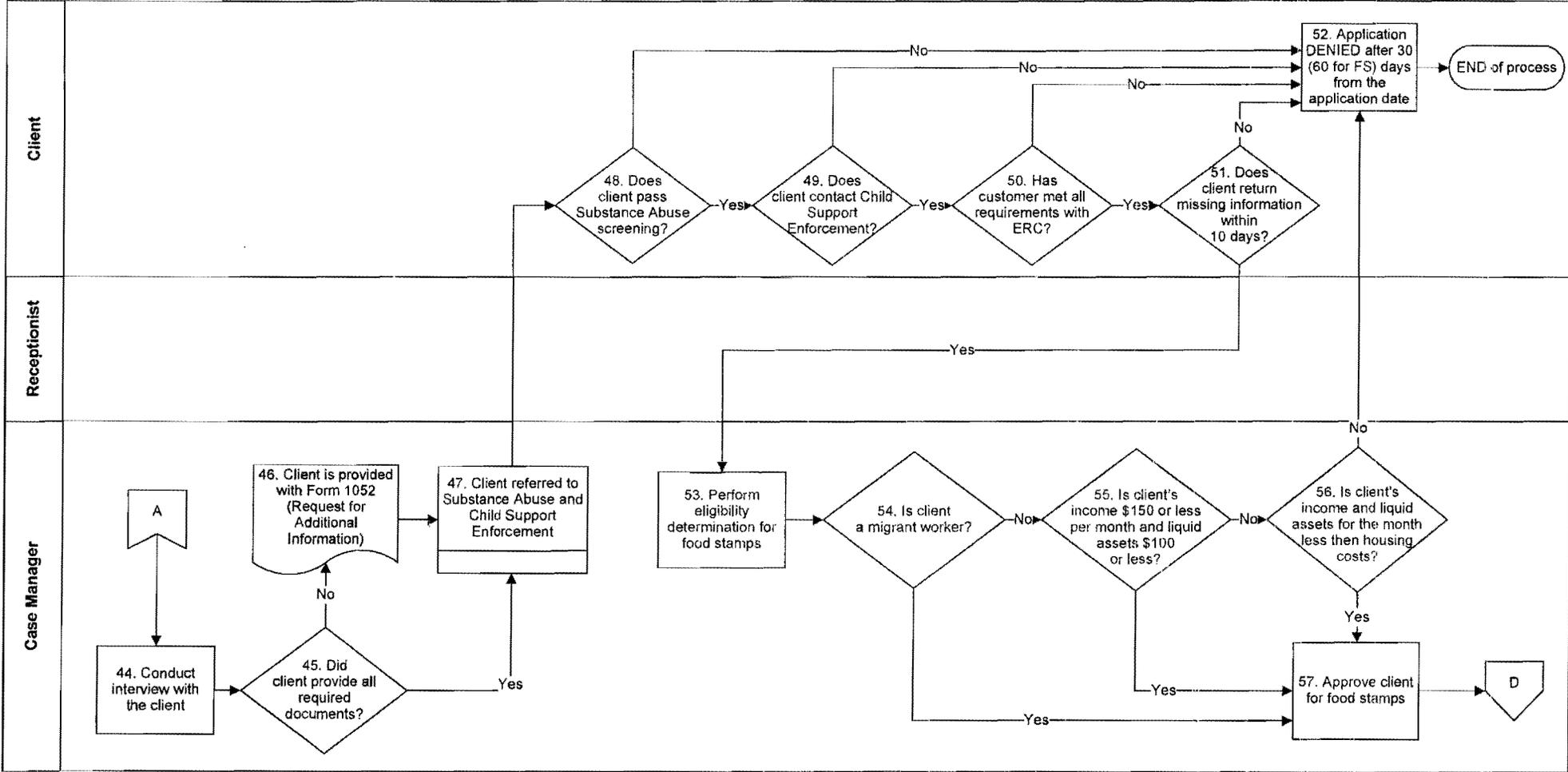


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Montgomery County - Department of Health and Human Services  
Temporary Cash Assistance / Food Stamps Programs

Within 30 days

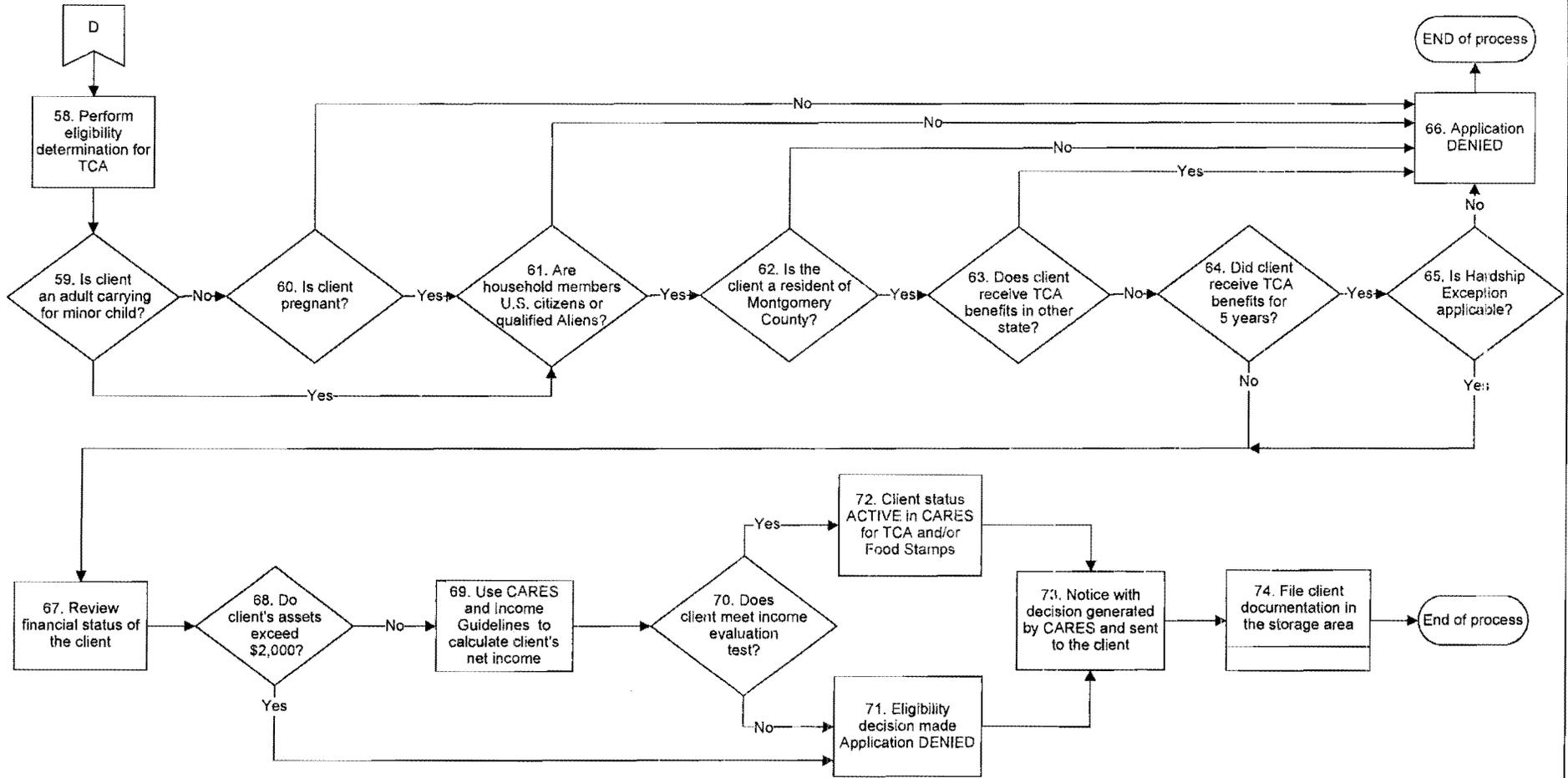




Montgomery County - Department of Health and Human Services  
Temporary Cash Assistance / Food Stamps Programs

Within 30 days

Case Manager



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# HHS Service Integration & Technology Activities

## Home

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### Documents

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- Calendar

#### Discussions

- Team Discussion

#### Sites

#### People and Groups

#### Site Hierarchy

- Shared Documents
- Announcements
- Calendar
- Links
- Tasks
- Team Discussion

### Shared Documents

Type	Name	Modified By
	Presentations	Frey, Jon S.
	Visionary TO-BE	Frey, Jon S.
	Data Model Analysis	Frey, Jon S.
	Technical Assesment	Frey, Jon S.
	InterOptimability Analysis	Frey, Jon S.
	Multi-Jurisdiction Convening	Frey, Jon S.
	GAP Analysis	Frey, Jon S.
	Change Vision	Frey, Jon S.
	AS-IS Analysis	Frey, Jon S.
	Executive Summary - Labor Analysis	Frey, Jon S.

### Announcements

There are currently no active announcements.

### Team Discussion

Subject

There are no items to show in this view of the "Team Discussion" discussion board.

### Links

URL  
[GO TO: Shared Documents](#)