

HHS COMMITTEE #1  
March 3, 2011

**MEMORANDUM**

March 1, 2011

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Briefing and Discussion:** Department of Health and Human Services Technology Modernization and Eligibility Integration

At this session, Department of Health and Human Services' Director Ahluwalia will provide a briefing to the Committee on the growing workload in the department and the need to modernize the department's processes and technology to address this growing need as well as addressing programmatic requirements at the local, state, and federal level.

The presentation is attached at ©1-22.

While over the past three years the department has reduced the number of data systems used by different service areas and programs, there is a need for an investment in technology if electronic records are to be used and if the "no wrong door" vision that has been previously shared with the Committee is to be actualized. There are still many instances when clients with multiple needs must apply to several individual programs and provide the same information multiple times. This is not only wasteful of employees' time but time consuming and frustrating for people requesting services in a time of need. Director Ahluwalia will also discuss how the county's integrated health and human services department puts the county in a position to be a leader in coordinating eligibility intake and case management and hopefully positions the county for outside funding sources that could assist with the cost of technology improvements.

**Change Visioning Sessions – How will DHHS operate in 2015?**

The presentation from Director Ahluwalia notes that the Department has completed a substantial amount of planning and analysis regarding process improvements and the technology structure that is needed to implement these improvements (©14-16). A part of this effort was a study completed in 2009 by *Stewards of Change* that included a gap analysis, an "as-is" analysis,

and a visioning session on what DHHS hopes to be. An excerpt from the *Change Visioning Sessions* that provides the main themes of what the department hopes to be in 2015 is attached at ©23-27. In addition, at ©28-29, there is a summary table of the threats, strengths, challenges, and opportunities in each of the department's service areas. Some of the highlights of the 2015 vision are that:

- Clients will report that they are delighted with their interactions with DHHS and that information is available easily and through a variety of means.
- Clients will only have to tell their story one time. The system will automatically update as new information is made available. Clients will feel confident that their information is safe and their individual privacy is protected.
- There is a solid infrastructure including interoperable technology, efficient business practices, and sufficient resources support a learning culture...the department has been able to maintain acceptable case loads and high quality standards.
- Surveys indicate that more time is being spent with clients and less time (and frustration) spent with data entry.
- A central data repository facilitates information sharing about clients involved in multiple programs and services...historical information is stored and easily retrievable which provides an accurate and up-to-date portrait of the individual and/or family seeking services.
- DHHS management uses its comprehensive data systems and analytical capabilities to regularly communicate with stakeholders about departmental initiatives and also its process and outcome measures...Montgomery County residents perceive the department as accountable and transparent.
- Service Oriented Architecture seamlessly connects disparate county and state systems which expedite eligibility determination, service delivery, and reporting processes. A common intake process accelerates access and eligibility determination while simplifying the application process.

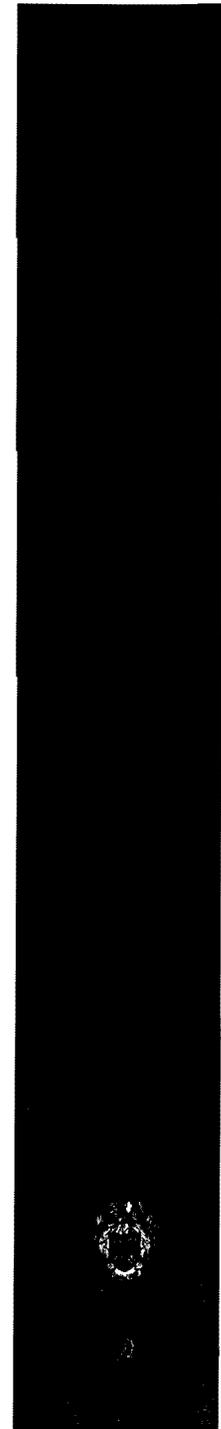


**A Presentation by**  
**Department of Health and Human Services**  
**Uma S. Ahluwalia, Director**  
**Thursday, March 3, 20**

# Public Assistance Needs

- ◎ Caseloads have grown every month since FY07 and as of December 31, 2010, are at a high of:
  - Temporary Cash Assistance (TCA): 952 (37.2% Increase)
  - Food Stamps (FS): 23,447 (107.3% increase); and,
  - Medicaid (MA): 43,784 (49.5% increase)
  
- ◎ Total applications for these programs increased dramatically from FY07 through FY10: TCA by 61.2%; FS by 117%; and MA by 36.6%
  
- ◎ Applications for the first 6 months of FY11 show continued increase in combined application volume projected at an additional 12% thus far. We expect a higher growth rate as we continue through the second half of FY11

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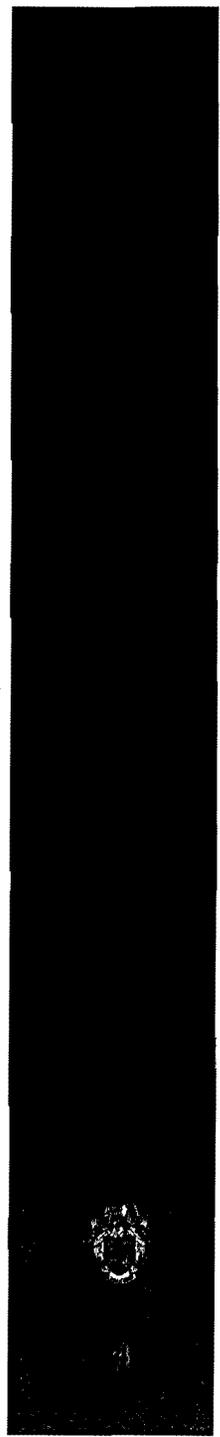


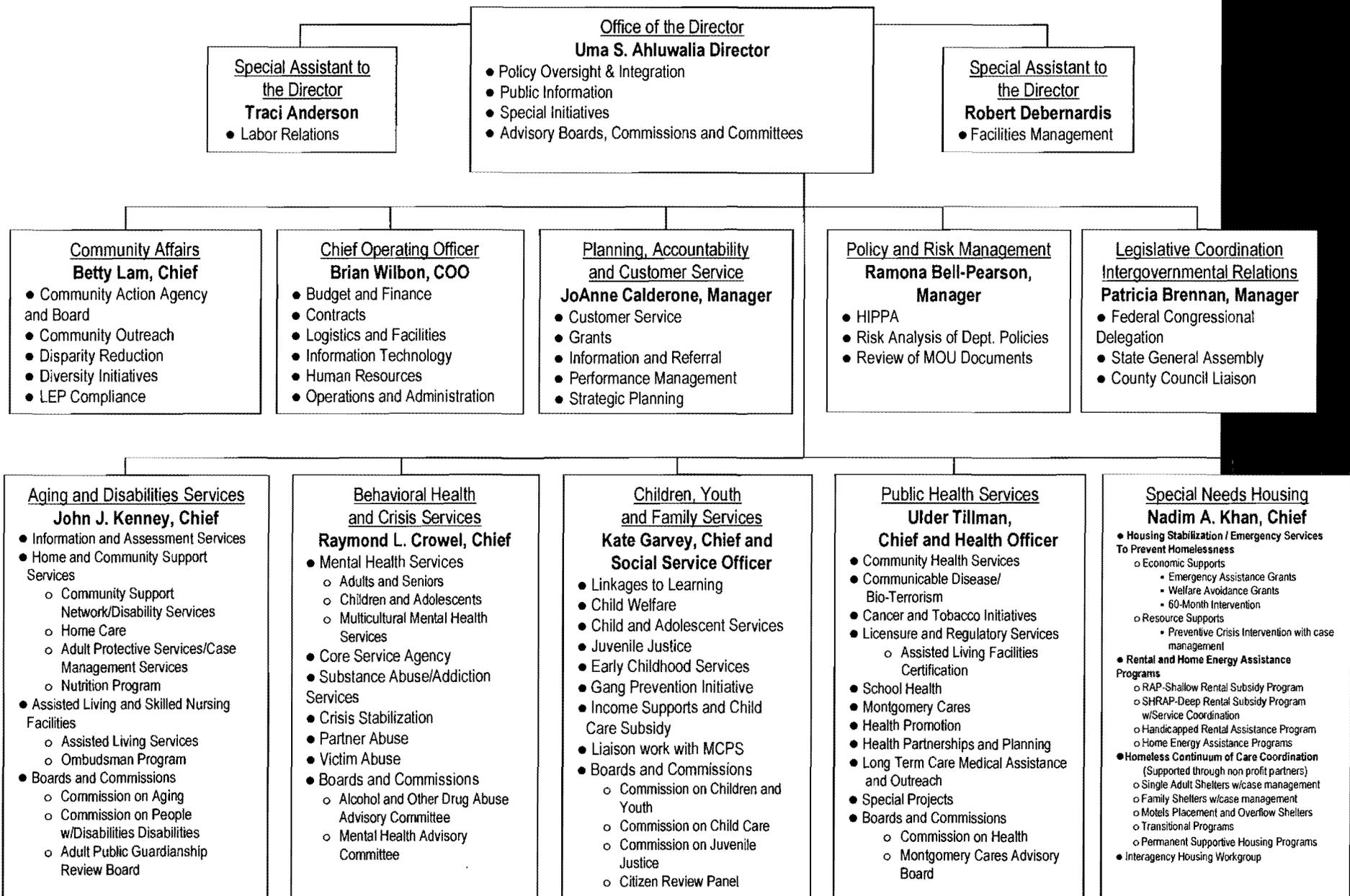
# Heat, Housing and Health Needs

- Home energy assistance recipients grew by 9,000 in the first six months of FY10 to 9,315 in the first six months of FY11, an increase of 314 applications (4%)
- All 95 family shelters and all single adult shelter beds continue to be at capacity
- Requests for Emergency Assistance Grants for the first six months of FY11 decreased 2% from 3,484 to 3,442
- Patient load in Montgomery CARES for FY10 was 26,268 patients, a 25% increase over 2009. For FY11, patient load is projected at 31,050, an 18% increase over FY10 and 8% higher than the budgeted amount

# Medicaid Numbers In Montgomery County

Montgomery	December 2007	December 2008	December 2009	December 2010
Aged/Disabled	17,830	18,533	19,297	19,840
Families and Children (FAC)	39,053	45,997	56,672	65,456
Maryland Children's Health Program (MCHP)	18,841	19,411	18,919	20,535
Other	3,225	3,620	4,801	5,947
PAC	1,610	1,515	2,038	2,686
<b>TOTAL</b>	<b>80,559</b>	<b>89,076</b>	<b>101,727</b>	<b>114,465</b>

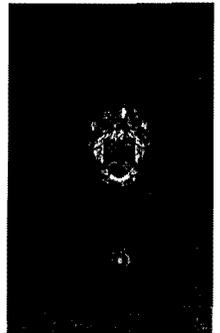




Montgomery County Department of Health and Human Services

# Services and MARYLAND State Department Connections by Service Type

- **Aging and Disability Services**  
DOA, DOD, DHR, DHMH, DVA
- **Behavioral Health and Crisis Services**  
DHMH, GOC, DHR, DPSC
- **Children, Youth and Family Services**  
DHR, GOC, GOCCP, DJS, MSDE
- **Public Health Services**  
DHMH, MSDE, DHR
- **Special Needs Housing**  
DHR, DHCD, DHMH
- **Community Outreach | All Departments**



# Federal Agencies Whose Regulations and Funding Strategies Impact County Services

- ◉ ACF
- ◉ CMS
- ◉ SAMHSA
- ◉ HRSA
- ◉ CDC
- ◉ ONCHIT
- ◉ HUD
- ◉ NIH
- ◉ VA
- ◉ Office on Aging
- ◉ Homeland Security
- ◉ Title XIX
- ◉ Title IVE
- ◉ CSBG
- ◉ CDBG
- ◉ Mental Health Block Grant
- ◉ Federal and State Grants

**40% of DHHS Budget is from State and Federal Sources**

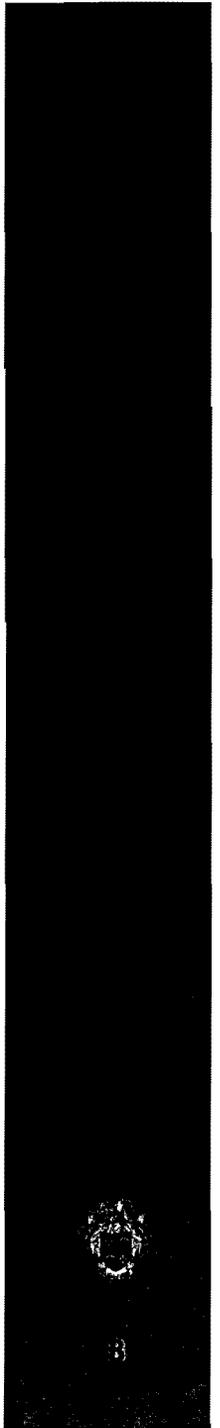
**60% of DHHS Budget is from County Sources**

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# How is DHHS Organized?

- One Director
- Centralized Administrative Functions
- Moving towards single client record supported by an interoperable database
- Uniform intake form to identify all service needs
- Designated entire HHS entity as HIPAA covered — including social service and income support programs



# Scenario One

- ⦿ Homeless diabetic woman with Schizophrenia
- ⦿ Three episodes of hospitalization in last 12 months
- ⦿ Hard for her to regularly take medications
- ⦿ Hard for her to have nutritious meals

## Services offered by DHHS to address these complex needs

- Homeless Program
- Mental Health Treatment
- Montgomery Cares
- Housing Stabilization Services

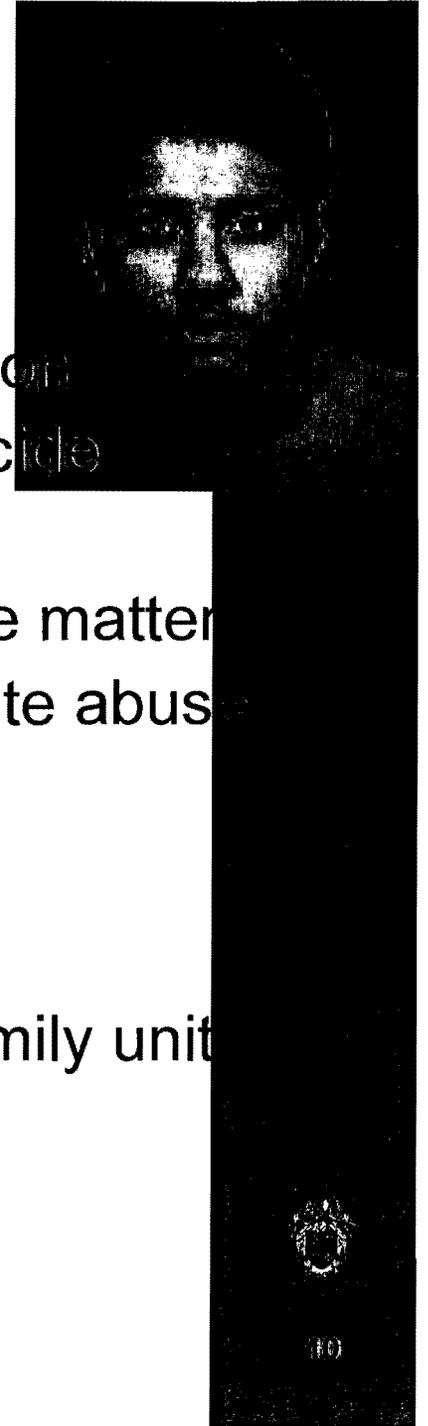


# Scenario Two

- o 15 Year old Latino Male
- o Referred to Crisis Center after school suspension
- o Indicates to counselor his desire to commit suicide
- o Mother receiving mental health services
- o Father believes the family troubles are a private matter
- o Father is strict and bruises on client may indicate abuse

## Services Offered by DHHS for this family

- a. High School Wellness Center
- b. Mental health services for child, mother and family unit
- c. Anger management
- d. Culturally competent service delivery
- e. Meaningful after school time activities

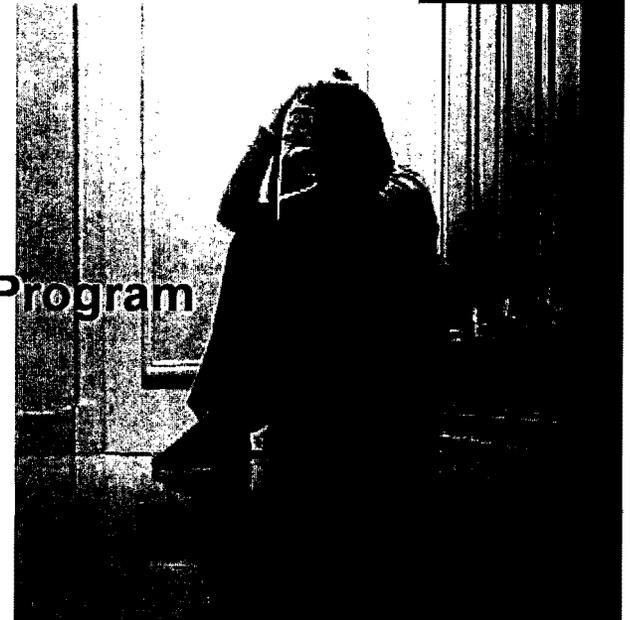


# Scenario Three

- ◎ 42-year old non-English speaking recent immigrant
- ◎ Tests by DHHS indicate she has tuberculosis
- ◎ Appears to be some domestic violence at home
- ◎ Has two children ages 2 and 6 – and is pregnant again
- ◎ 2 year old needs child care, family can not afford it
- ◎ 6 year old has special needs and housing is unstable

## Services offered by DHHS to address these complex needs

- Public Health TB Clinic**
- Child Care Services**
- Maternity Services**
- Income Support Services**
- LEP Services**
- Domestic Violence Service via Abused Persons Program**
- Adult Mental Health Services**
- Housing Stabilization Services**
- Education through Public School System**



# Scenario Four

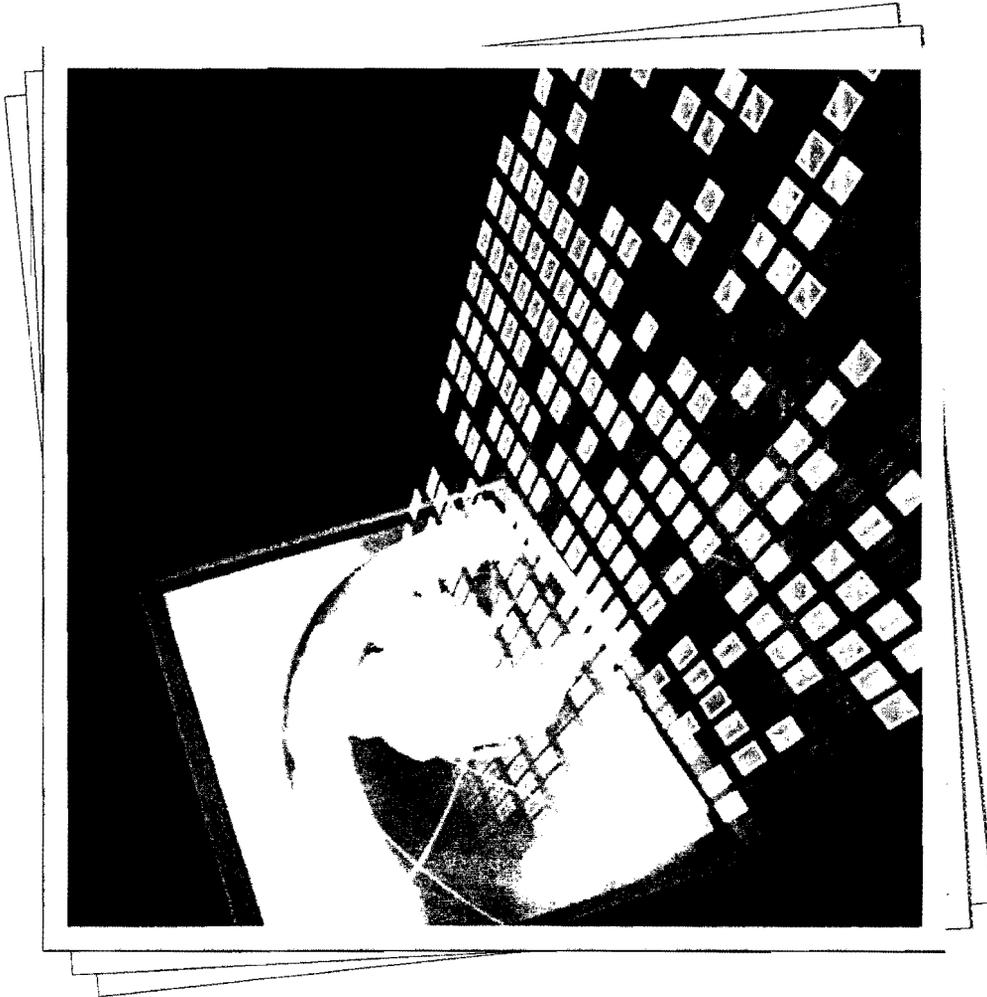
- o 90 year old woman identified as hoarder
- o 21 year old great-grand-daughter moved in
- o Great grand-daughter has two preschool aged children
- o Great grand-daughter a former drug user is abusing again
- o Department of Housing believes house not livable

## Services offered by DHHS to address these complex needs

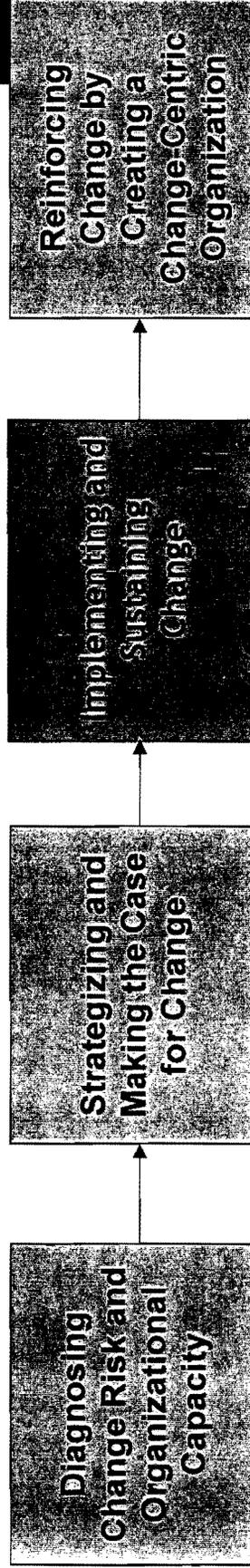
- a. Adult Protective Services
- b. Child Welfare Services
- c. Early Learning and Child Care
- d. Special Needs Housing Services
- e. In-home Aide Services
- f. Income Supports
- g. Substance Abuse Treatment
- h. Medical and Primary Care



# Technology in HHS — A Framework for State | County Partnership



# HHS TRAJECTORY FOR MODERNIZATION



Each Investment to Operations - 36 Months

Annual Review, Change Analysis and Business Re-Engineering

# READINESS ACTIVITIES - HHS MODERNIZATION

- ◉ Assessment & validation of hardware, software, development infrastructure
- ◉ Business process analysis 20 + programs
- ◉ Analysis of Policy environment
- ◉ Identified business and programmatic needs
- ◉ Developed vision map for Department
- ◉ Analyzed staff capacities and readiness for change
- ◉ Developed the case for HHS modernization - business need to drive technology solution
- ◉ Urgency - increased need, diminished resources - need for a new business model supported by new technology solution

# HHS ARCHITECTURE - SUPPORTS MODERNIZATION EFFORT

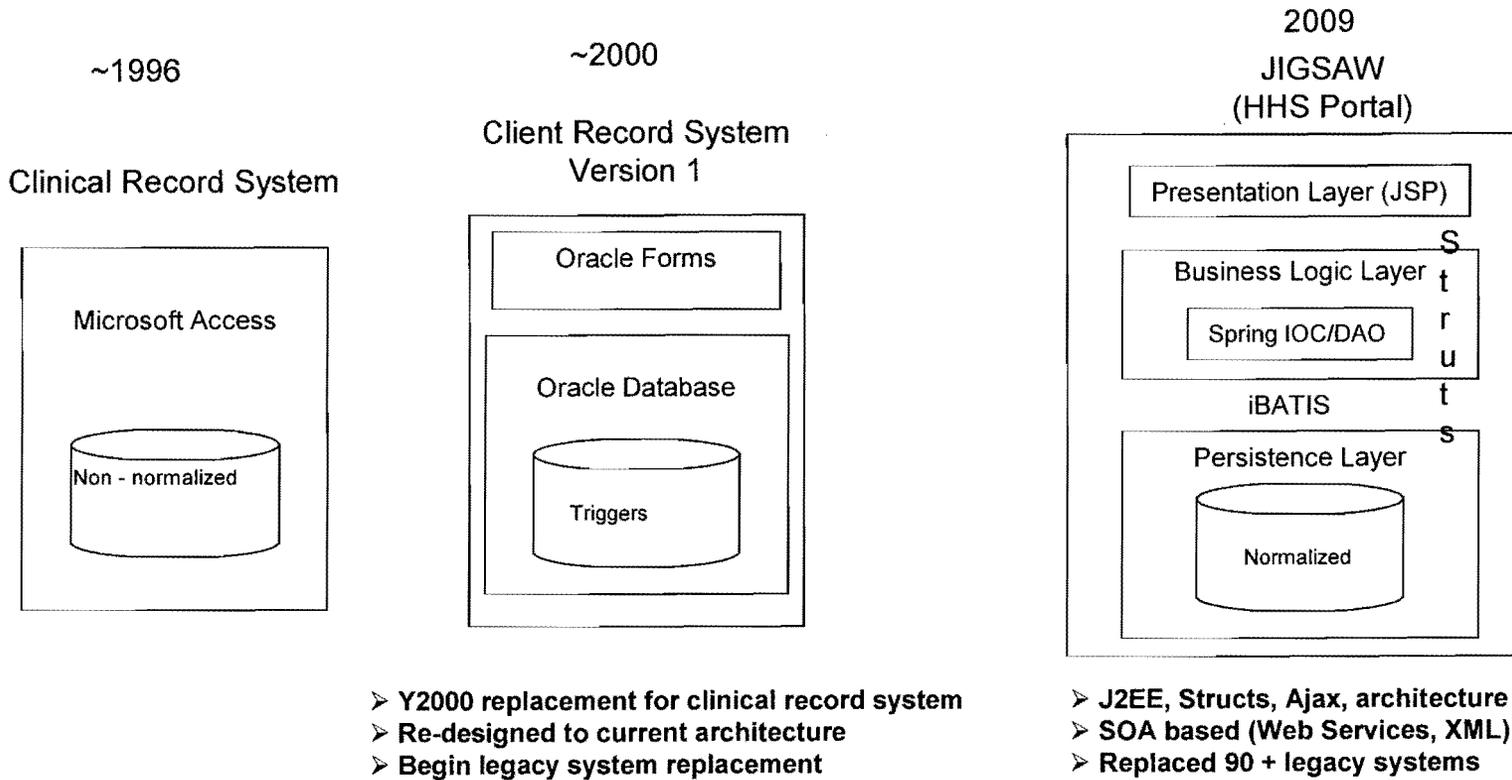


Figure 2 – Evolution of HHS MODERNIZATION

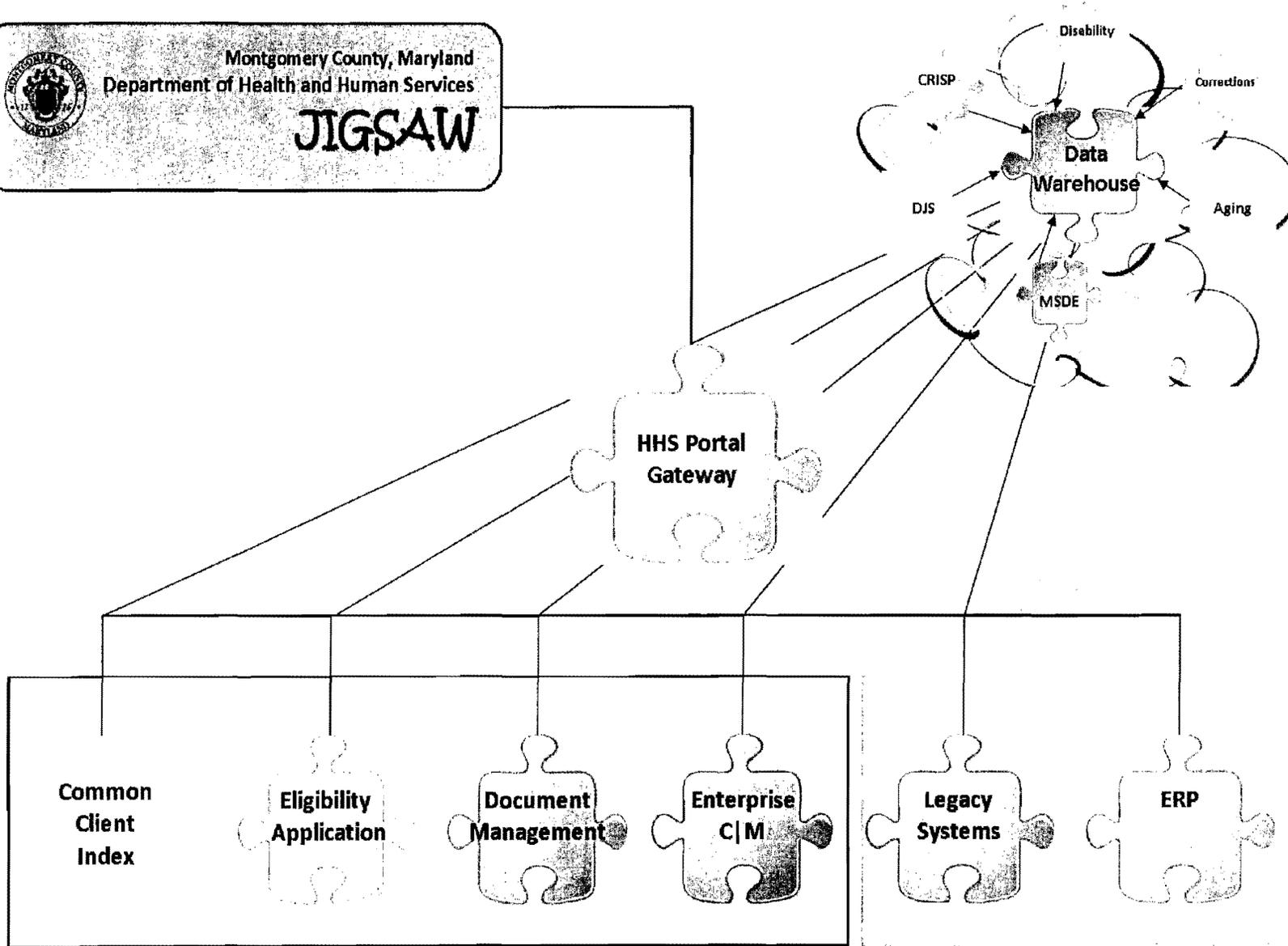
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Department of Health and Human Services

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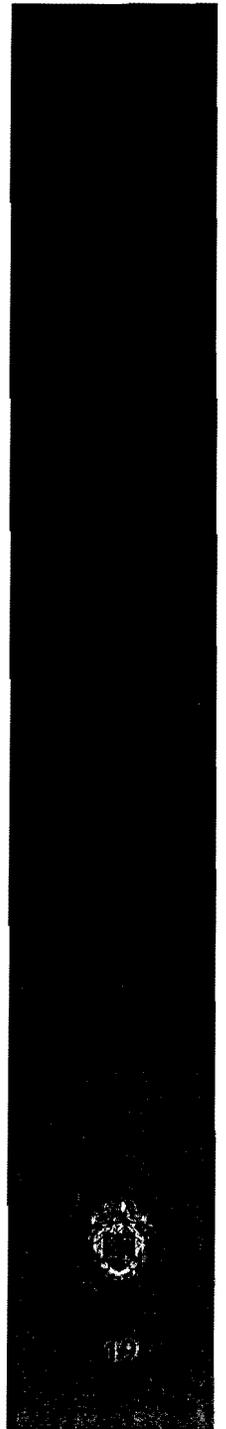
# COTS AND CLOUD SOLUTIONS

- ◎ Common Client Index - Universal Face Sheet
  - Use of VisionWare - also used by State DHMH
- ◎ One E-App- used by State for MCHIP and PAC
  - MCDHHS as a pilot - intend to add Food Stamps, TANF, WPA, RAP and Montgomery CARES.
  - In out years build out remaining eligibility programs - will include Universal Facesheet, universal screening tool and needs assessment
- ◎ Digitize all HHS records - paperless environment
  - In years 2 and 3 of implementation
  - DTS has selected Zyimage as platform

# COTS AND CLOUDS - CONTINUED

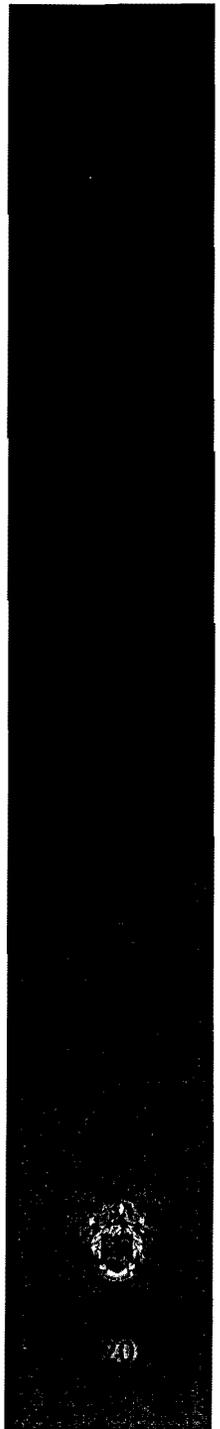
- ◎ CASE MANAGEMENT - Still in search of a solution.
  - Positioned ourselves for a federal pilot through the Administration for Children and Families
- ◎ Gateway/portal - Internal solution AIF - poised to fulfill this function
- ◎ Data Warehouse - ready to expand to support downloads with state legacy programs where real time interfaces are not possible
- ◎ Maximizing ERP opportunities for enterprise integration

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# FUNDING OPPORTUNITIES

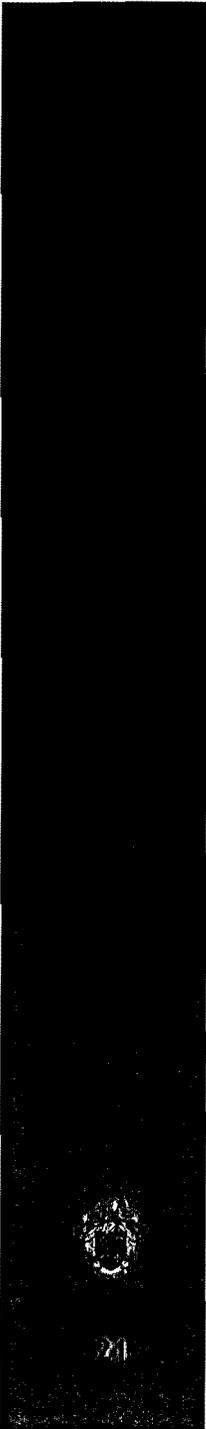
- ◎ State CMS grant - \$6.1 million with MCDHHS as a pilot site
- ◎ Federal OMB Partnership Fund
- ◎ Foundation funding and the creation of an HHS technology fund within the Fund for Montgomery with the Community Foundation - Community Foundation lends us it's 501(C)3 status
- ◎ Drawing down maximum federal revenue for support of our technology work
- ◎ Financing of hardware and software
- ◎ Calculating Return on Investment and a re-investment strategy
- ◎ County General Fund - either through CIP or otherwise - some current revenue expectations



# MCDHHS RECOGNIZED AS A NATIONAL LEADER ON INTEGRATION AND INTEROPERABILITY

Areas of pioneering work:

- ◎ Recognition of unique structure and governance
- ◎ Policy on confidentiality and sharing of information to support integrated practice
- ◎ Developed a methodology for calculating return on investment from applying new business model
- ◎ Practice re-design from front door to back door throughout the enterprise
- ◎ Developing our technology solution as a response to business and practice need
- ◎ Creative financing strategies



# Partners in Our Journey

- ◉ State Departments  
— DHR and DHMH
- ◉ State Casey Family Programs
- ◉ Stewards of Change  
— JHU Relationship
- ◉ Primary Care Coalition  
and our State HIE – CRISP and REC for EHR  
Implementation
- ◉ Primary Care Coalition
- ◉ Federal Partners
- ◉ Other Foundations and National Organizations,  
such as APHSA



### **Core Themes From the Exploration Café Exercise**

During this section participants broke into self selected groups and discussed three topic areas, from a pool of eight InterOptimability drivers. The purpose of the exercise was to begin describing how DHHS would be operating in the year 2015. This exercise – also known as *Back to the Future* is in intended warm up the participants for the following section where the change vision is actually created. The summary of each driver conversation below reflects the main themes culled from the list of ideas generated during the exercise. (The full list of ideas is attached)

#### ***It is 2015...how is our organization experienced by our clients, customer and patients?***

Information from regularly conducted consumer feedback/assessment surveys indicates that clients consistently report they are delighted by their interactions with DHHS. Information about the programs, services, eligibility requirements and operations is easily available through a variety of means including smart web-based technologies that include video descriptions and explanations in a variety of languages. A call center provides up to date information while video links and interactive voice response system facilitate interviews for people who cannot travel or do not need to be physically present for meetings. In addition community-based information kiosks are located in high traffic retail locations.

DHHS uses technology effectively so that clients only have to tell their story *one time*. The computer systems are designed to quickly gather, store and share information among multiple service areas thus eliminating significant amounts of duplicate data entry. The system automatically updates client's records when more current information becomes available. Individual privacy and confidentiality is protected using sophisticated role based access giving clients high confidence that their information is safe and being used for appropriate purposes. These systems provide assurance to clients and facilitate information sharing across departments to deliver an integrated case management experience. Greater efficiency, accuracy, communication safety and effectiveness is possible through better integration of technology into workers and client interactions.

Clients' report they feel included in the decision making process relative to their own care and treatment plans. The increased level of involvement and demonstrated responsibility is reflected in improving outcomes measures.

#### ***It is 2015...how is our organization experienced by our employees?***

Workers report DHHS is a great place to work. Reasons include that DHHS offers a good work/life balance, opportunity to do meaningful work and help other

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Change Visioning Session Synthesis

people, be part of a dynamic future oriented organization that is professionally challenging and a good fit with their personal core values. The cross training and multi-disciplinary work model attracts talented individuals who are motivated by teaming, learning and innovation. Open and honest communications across disciplines, programs and hierarchies contributes to strong bonds, personal satisfaction and better outcomes for clients. Perhaps most telling is the extremely low staff turnover statistics, and an enormous number of highly skilled resumes that flood the HR department anytime a job is open.

A solid infrastructure including interoperable technology, efficient business practices and sufficient resources supports a learning culture. Despite the increased demand for services has outpaced county resources the department has been able to maintain acceptable case loads and high quality standards.

Surveys indicate more time is being spent with clients and less time (and frustration) with spent with data entry. Newer workers report higher degrees of satisfaction with enhanced technologies – although they report there is still room for improvement. Overall when things go well people give credit to others and when things don't go as planned they take personal responsibility and minimize blaming problems on others or other factors.

***It is 2015...in what ways are we sharing information, or not? What is new and/or different about this? What has stayed the same?***

The Department's coordinated information technology systems are designed to receive and store information using a variety of tools to simplify data input, retrieval and analysis. For example, hand held scanners enable receptionists, triage workers and field workers to capture information embedded in bar codes on licenses, medical records, ID cards, health documents, passports and other forms. Using these and other automation tools data is input rapidly and with fewer errors. It also spares clients from having to fill out duplicate forms and consumes fewer departmental resources for data input. Standardized electronic forms are used to capture information that is common to all programs and also is automatically configured to include information that is particular to specific programs. Once the information has been captured, it is used to populate other data fields required by other service applications and programs.

A central data repository facilitates information sharing about clients involved in multiple program and services. From the initial contact with the agency or a particular program workers can rapidly access information for registration, eligibility determination, identify verification, compliance, and other purposes. Systems are designed to retrieve data from the various stand alone or 'mandatory' state or county systems so that a comprehensive and integrated picture of the client is available. Historical information is stored and easily retrievable which provides an accurate and up-to-date portrait of the individual and/or family seeking services.

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Change Visioning Session Synthesis

Information is perceived by workers as being accurate and reliable and is consequently valued and utilized to make data-driven decisions. The department has clearly articulated data sharing policies and has trained workers about what and how to share information. Sharing of information, within the policy guidelines, has made workers feel confident in their efforts to work collaboratively across programs to serve clients holistically. Clients report higher satisfaction in dealings with DHHS because they only have to tell their story one time. Compliance with service plans has increased as data sharing has increased.

***It is 2015...how have we defined our role in public policy and advocacy?***

DHHS management uses its comprehensive data systems and analytical capabilities to regularly communicate with stakeholders about departmental initiatives and also its process and outcome measures. Having accurate and timely data enables the department to act more assertively and confidently advocating for policy changes and programmatic enhancements.

Montgomery County residents perceive the department as accountable and transparent. These perceptions stem from the strategic communications program that gets the word out effectively using the department's interactive web-site, social media tools, comprehensive regional service centers and publicity throughout the County.

The department's innovative programs and practices leverage the proximity to federal departments and have become national models for integrated services delivery. Enhanced communications efforts have increased local, state and federal awareness of the department's successes and have contributed to a perception that DHHS is a good laboratory for cross-sector, cross-silo innovation.

***It is 2015...what kinds of technology support the way we work and our desired result?***

Technology has been deployed that has been configured to meet the demands of the department's integrated case management system. Role based security access, coupled with clearly articulated data sharing policies support secure cross system sharing and service coordination.

Web based tools assist workers by accelerating access and input to real time information about clients across the continuum of services. A high degree of automation is built into the system and provides comprehensive case information. Critical information from other systems is also available including school attendance/absences, license renewals, immunizations, quality ratings of early care and education centers, certification criteria, and health/medical records.

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Service Oriented Architecture seamlessly connects disparate county and state systems which expedite eligibility determination, service delivery and reporting processes. A common intake process accelerates access and eligibility determination for services while simplifying the application process. Business processes are designed so that data input only occurs one time and then is used to populate all other information requirements and forms. Automated scheduling assists workers with making appointments at convenient times and locations. Automatic alerts are regularly utilized to remind staff (and clients) of important deadlines and renewals. Altogether technological improvements have reduced frustration and wait time for clients and have increased efficiency and work load balance for staff.

Using web portals and mobile technologies regional offices, communities and individuals are interconnected. These systems provide up-to-date information about eligibility criteria, application processes and the availability and location of services. Clients feel more in control and participate more fully in their case plans. Other stakeholders feel confident the department is operating efficiently and is a good steward of public resources.

***It is 2015...how are we known by our external stakeholders?***

Montgomery DHHS is known as a professional, effective, efficient and responsible government organization that provides a continuum of services that cut across service silos and programs. People are surprised and delighted by their interactions with the department and characterize their experience as refreshing, inspiring and satisfying.

The department is well known and highly respected in the community. This is a result of an ongoing education and awareness campaign that utilizes community outreach, place-based information kiosks, publicity and an innovative branding campaign. The department and all qualified service providers are authorized to use a common logo that identifies them as part of the service continuum. These service providers are linked together through information technology system and together provide an integrated service system.

The department successfully partners with federal, state and other county departments, private and nonprofit service providers as well as businesses and local universities. Stakeholders view the department as the glue that binds together all the service providers in the county to the benefit of all residents and clients. The Department is viewed as a reliable, well managed and responsible organization providing high quality and valuable services to all the residents of Montgomery County.



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***It is 2015...what has changed about the way we attract, train and retain our employees? (Opportunity Space #8 embedded in answer below)***

DHHS is widely perceived as a great place to work in Montgomery County because it offers work/life balance, professionalism, innovative work structures, and the opportunity to truly make a difference in people's lives. The department's relentless focus on innovation and learning attracts highly competent professionals both from inside and outside the human services sector who are motivated by wanting to 'do good and do well'. In fact, full time positions at DHHS are highly competitive and attract an enormous number of qualified resumes whenever a position is available, which is not often.

The department's focus on cross training, multi-disciplinary work teams and technology requires workers to be self motivated, highly flexible, team oriented and continuous learners. Computer based training creates the expectation and opportunity for workers to increase their skill and knowledge at a self defined pace.

Increasing responsibility, recognition and merit rewards provide intrinsic and extrinsic rewards that reinforce the department's mission, vision and values. (Merit based economic rewards have been adapted from compensation models now pervasive within some public and charter school systems) Multi-dimensional performance management systems, like Balanced Score Card, have been adapted to DHHS which links the department's strategies, goals and rewards to individual and team outcomes and overall performance. The system recognizes and compensates workers relative to success criteria, rather than seniority. Staff is highly valued and is included in policy and decision making. They feel that they have a stake in the organization's success and are helping steward the future direction.

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Change Visioning Session Synthesis

**Strengths, Challenges, Opportunities & Threats (SCOT)**

The last exercise of the day was a SCOT analysis. The group was reorganized into Service Areas and was asked to assess the current situation. The intention of this work was to begin bridging the TO-BE and AS-IS stat and identify how to proceed *today* towards completing the system redesign and implementation. These findings represent only an initial assessment which should be refined continually as progress is made. The individual SCOT assessments for each services area are included in the appendix. The synthesized SCOT assessments follow:

<b>Top Two Items from Service Area SCOT Analyses</b>				
	<b>Threats</b>	<b>Strengths</b>	<b>Challenges</b>	<b>Opportunities</b>
<b>ADS</b>	Increased demand for service	We are a small staff with strong partnerships to deliver services	Lack of communication / coordination with state agencies	Strong base of advocates & stakeholders
	Diminishing resources	Outside sources of funding e.g. Grants	Growing expectation that there are services and available 24 x 7	Create continuum of service including prevention & health
<b>BHCS</b>	Economy & budget environment	Integrating behavioral health and somatic health care	Increased workload, increased demand for services / decreased staff	Public/private collaboration opportunities and advocacy
	Multiple technology environments	Integrated Health & Human Services Departments	Lack of practice model that defines integration for the workforce	Increased focus on vulnerable populations
<b>CYF</b>	Economy causes increased demand / Decreased resources	Strong committed knowledgeable workforce	Multiple data systems	More partners interested in our work & collaboration
	Federal, State, Local Politics have impact	Good reputation in the community	Service demand beyond resources	Climate ready for change
<b>PHS</b>	Budget cuts – all levels	Staff longevity specialized institutional knowledge, professionalism	Can IT create one system?	HHS has seasoned workers, may open gateway for new staff, perspectives
	Changing political environment (national dialogue)	Customer service orientation	One-time interactions are often the rule not the exception	Potential & existing partnerships
<b>SHNS</b>	Budgets determined externally	Small staff open to service integration	Increased demand for services with lack of staff & client resources	Strong partnerships and advocates in the community
	Economy beyond DHHS control	Minimal written policies for some assistance and service delivery programs provides more flexibility	Inadequate technology, too much paper, business process in transition. Blind to whether the client has already being served.	Good access and feedback to politicians – high visibility

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Change Visioning Session Synthesis

<b>Consolidated SCOT Analysis – All Service Areas</b>			
<b>Threats</b>	<b>Strengths</b>	<b>Challenges</b>	<b>Opportunities</b>
Increasing demand for services along with diminishing resources	Strong partnerships to deliver services; Good reputation in the community	Lack of communication / coordination with state agencies (MSDE, DHR, DHMH)	Climate ripe for acceptance of change
Worsening economy & budget environment limit opportunities to sustain innovation and investment	Strong committed knowledgeable workforce; Staff longevity specialized institutional knowledge, professionalism	Increased workload, increased demand for services/decreased staff; Growing expectation that services available 24 x 7	HHS has seasoned workers, may open gateway for new staff, perspectives
Budgets determined externally to DHHS	Integrated Health & Human Services Department;	Multiple data systems; uncertainty whether one IT system can be created to serve all needs	Increased continuum of services e.g. prevention, health promotion
Changing political environment (Federal, State, Local Politics; national dialogue (i.e. Resources)	Integrating behavioral health and somatic health care; receptivity to service integration	Inadequate technology and paper records – business process in transition. (do not know where the client has already being served)	Strong / growing base of advocates, partners & stakeholders; Public private collaboration
Multiple and competing technologies in the environment	Minimal written policies for some assistance and service delivery programs provides more flexibility	Lack of practice model that defines integration for the workforce	Increased focus on vulnerable populations in the government
	Customer service orientation	One-time interactions are frequent and result in incomplete care and system waste	Interaction and feedback to politicians is high visibility
	Outside sources of funding. Grants, etc.		Proximity to federal offices offers innovative pilot opportunities