Montgomery County Government

MEMORANDUM

May 13, 1995

TO: County Council

FROM: Karen Orlansky, Director
           Sue Richards, Program Evaluator
           Office of Legislative Oversight

SUBJECT: Approaches to Evaluating Reorganization Proposals

The Council is in the process of considering a number of County Government reorganization proposals. Legislation introduced to date includes proposals:

- to create a Department of Health and Human Services and consolidate functions currently carried out by four departments (Emergency Bill 7-95);
- to transfer the responsibility for the Office of Landlord Tenant Affairs and the Office of and Commission on Common Ownership Communities from the Department of Housing and Community Development to the Office of Consumer Affairs (Emergency Bill 8-95);
- to transfer solid waste functions from the Department of Environmental Protection to the Department of Transportation (Emergency Bill 9-95);
- to transfer staff support for the Commission on the Humanities from the County Council to the Department of Public Libraries (Emergency Bill 10-95); and,
- to merge the Office of Economic Development and the Office of Planning Implementation into the Department of Housing and Community Development, renaming that department the Department of Housing, Community & Economic Development (Emergency Bill 13-95).

The proposed reorganizations raise both legislative and budget issues. In some cases, the Council is integrating decisions on the reorganization with decisions on the FY 96 budget. In other cases, the Council will be considering the legislation after decisions are made on the FY 96 budget.

This memo looks at issues associated with the evaluation of proposed reorganizations. Part I discusses a general framework for evaluating proposed reorganizations. Part II applies this information to the specific proposal to create the Department of Health and Human Services. OLO will provide specific comments on other proposed reorganizations as needed.

Part I: EVALUATING REORGANIZATION PROPOSALS

A. The Evaluation Framework

Clear and specific goals, strategies and objectives are key factors that influence how well legislation is implemented and evaluated. If evaluation issues are addressed when legislation is adopted, then some of the problems encountered in after-the-fact program evaluations may be avoided, such as a lack of relevant performance measures or a gap between legislative intent and program delivery. The link between legislative intent and program outcomes can be strengthened if goals, strategies and objectives are clarified and agreed on before legislation is adopted.

For each proposed reorganization, the Council should be asking the appropriate staff to identify and describe:

- **goals** of the proposed reorganization;
- **strategies** for how these goals will be achieved; and,
- **outcomes** that will be used to demonstrate and measure progress toward achievement of the reorganization goals.

1. Goals

A goal is a statement, usually general and abstract, of the desired state toward which legislation is directed. Goals are usually easily understood, but often vague. Typical reorganization goals are: "administrative cost savings", "more efficient use of resources", and "improved program coordination". To better understand the goals of a proposed reorganization, questions to ask include:

- Can each goal of the proposed reorganization be described using a key word or phrase?

- What specific problems is the reorganization intended to address?

- For each problem, what goals will the reorganization or restructuring achieve?

- How will the department set priorities among multiple goals? If there are competing goals, how will they be reconciled?

- How do the goals of the proposed reorganization compare to the goals of the current arrangement?

2. Strategies

Strategies explain in detail how the goals will be achieved. The choice of strategies is often influenced by existing conditions as well as previous experience. The description of a strategy needs to identify the assumptions made about existing conditions. It may also include an explanation of why alternative strategies were not selected. Specific questions to pursue about strategies include:

- What are the strategies being proposed to achieve each of the goals identified above?

- What assumptions do these strategies make about existing conditions, e.g., workload, expenditures, revenues?

- What process was used to select the strategies? Were alternative strategies considered and rejected, and if so, why?

3. Outcomes

Outcomes are specific, operationalized statements describing the desired accomplishments of the proposed reorganization. Outcomes translate general goal statements into specific, measurable results. The most useful outcomes state only one purpose, specify a single result, and set a deadline for when the outcome will be met.

Since outcomes often serve as the starting point for any future evaluation, outcomes should relate closely to goals and strategies. They should also be possible to measure. The more specific the outcome measure, the easier it will be to evaluate whether the proposed change has been successful or not. Specific issues to explore about outcomes include:

- Describe the outcomes that will be used and explain why each outcome is an appropriate measure of progress toward the goals identified for the reorganization.

- Identify the specific data that will be collected for each outcome. Who will collect it? Who will analyze it? How frequently? At what cost?

- What evaluation methods will be used to compile and analyze the data? In what form and how often will the outcomes be reported?

B. An Evaluation Plan

A plan to evaluate a reorganization should consider whether the expectations of the proposal (as specified in the goals, strategies, and outcomes) have been achieved. In addition to assessing the progress of the reorganization, the evaluation should help to determine whether the initial goals, strategies or outcome measures should be revisited. While an evaluation theoretically could recommend yet another reorganization, an evaluation plan should not be designed with this expectation in mind.

1. Scope

Conceptually, an evaluation for a proposed reorganization can be structured to include an examination of one or more of the following:

- changes that were a direct result of the reorganization;
- changes that could have resulted with or without the reorganization; and/or
- specific programs delivered by the new department or division that may or may not have been affected by the reorganization.

When the legislation proposing a reorganization is considered, it is helpful to distinguish between anticipated changes for which the reorganization is a prerequisite and anticipated changes that could be implemented without the reorganization. This distinction is important in order to clarify the goals and outcomes that are linked to the reorganization itself as opposed to goals and outcomes that could be achieved without the reorganization.

In most cases, the Council will probably be interested in evaluating changes that resulted from the reorganization itself plus changes that could have been implemented without the reorganization. Whether specific programs should also be included in the scope of a reorganization evaluation depends on factors such as the size and complexity of the reorganization, the number and type of programs delivered, and how much work has been completed on the identification and delivery of the programs.

The Council may also want the scope of any reorganization evaluation to include an examination of the relationship between the reorganization and the fiscal criteria used by the Council during the budget process each year, i.e., reducing the cost of government, user fees, and contracting out. If the fiscal criteria are relevant, the evaluation plan should define the outcomes that will be used to evaluate them.

2. Responsibility for the Evaluation

A future reorganization evaluation can be conducted by staff within the department, a consultant, or an outside agency or department. Factors to consider when deciding who should conduct the evaluation are the:

- anticipated level of effort;
- complexity of the evaluation (including the data collection and analysis);
- skills and availability of department staff;
- the availability of funds to hire a consultant with the appropriate background and skills; and
- importance of having an independent evaluator.

Another factor to consider is who the evaluation results are intended for. For example, an evaluation that is intended for internal departmental use may require a different level of effort than an evaluation that is intended to be produced as a public document.

The reorganizations proposed to date vary in complexity: some involve only a specific program whereas others involve entire departments or functions. Given this variation, it make sense to discuss the responsibility for conducting future evaluations on a case by case basis.

Assigning the responsibility for initiating and performing a future evaluation does not replace the shared effort needed to identify and define the evaluation framework, particularly the outcome measures. The success of an evaluation depends on the careful selection of outcome measures. As noted earlier, the measures should relate to goals and strategies, be measurable and be easy to collect. **Useful outcome measures depend on close collaboration between those who will manage the reorganization and those who will evaluate the reorganization.**

3. Evaluation Methods and Data Collection

The evaluation plan should include a description of the methods that will be used to evaluate the reorganization. Identifying the quantitative and qualitative methods upfront is important so that a system is set up to maintain and track the necessary data.

The number and type of outcome measures will largely determine the data to be collected. **Department staff should participate in identifying the outcome measures to ensure that data are feasible to collect without unreasonable additional cost. In most cases, the department should be responsible for maintaining and compiling the data.** Issues to be addressed include:

- what baseline data are already available;
- how future data will be collected and maintained;
- how frequently data should be summarized; and
- how often and in what format the data should be reported.

It is important to understand upfront whether meaningful baseline data are available to be used for comparative analysis in the future. For example, if historical data have not been maintained on the length of time it takes to process an application, then it will be difficult if not impossible to compare processing time before and after the reorganization. Whether baseline data are available should not be a criteria for deciding what data to keep in the future; however, where baseline data are not available, the limits to future analysis should be acknowledged.

4. Timing Issues

Deciding when a major evaluation of a reorganization is conducted should be discussed in conjunction with deciding the frequency of progress reports.

For a major evaluation, the timing questions that must be answered include:

- when should the evaluation study be started;
- how long will it take to complete; and
- when will the results and recommendations be presented.

With evaluations in general and with a reorganization evaluation in particular, it is important to allow enough time for changes to be implemented, and for sufficient and meaningful data to be collected and analyzed. The timing of the evaluation should also depend on the complexity of the proposed reorganization.

In general, a major study of a reorganization should not be conducted until the reorganization has been in effect for at least two years. Two years of operating data is the minimum required for any changes to be identified and measured. In many cases, three years of implementation experience is preferable because first year data are often distorted by one-time transition issues.

Scheduling a major evaluation for three years in the future does not replace the need for ongoing progress reports. Especially with a major reorganization, the Council will find value in learning about how the reorganization is progressing. In fact, regular progress reports can be structured to provide a form of ongoing evaluation. The timing and content of progress reports should be discussed at the time the reorganization proposal is adopted.

Factors to be considered in defining the frequency of progress reports include:

- the department's schedule for implementing the reorganization;
- how often the department will be summarizing and reporting data for its own internal management purposes; and
- how the Council plans to make use of the data.

One approach is to incorporate outcome measures into the budget process. This would ensure that the outcomes are reported to the Council annually, either in the Executive's Recommended Budget or at Council worksessions. In the Executive's Recommended FY 96 Budget, most program measures are summarized on an annual basis. While annual trends are useful in many cases, there may be some cases where quarterly or monthly trends would be more helpful. **Each evaluation plan should address these issues on a case by case basis.**

A second approach is to report outcome measures separately from the budget process. This approach offers the flexibility to customize the timing of reporting more closely to the proposed reorganization. It would also be consistent with efforts to decrease the size of the budget document.

C. An Evaluation Plan for Cross-cutting Goals, Strategies and Outcomes

Cross-cutting goals, strategies and outcomes are those factors common to more than one of the reorganization proposals the Council is considering. They reflect the overall goals and strategies that guide Council actions on legislation and the budget. Examples of possible cross-cutting elements include:

- the fiscal criteria the Council uses to shape its review of the budget;
- administrative savings due an increase in the span of control or the corresponding decrease in management positions; and,
- the savings in workyears and or operating expenses that the Council expects from the implementation of new technology.

Because the Council is considering more than one reorganization proposal, it would be useful to discuss in advance, whether the Council wants to monitor the cumulative effects of reorganizations, and if so, how best to track and report the data.

PART II: SPECIFIC COMMENTS ON EVALUATING THE PROPOSED HEALTH AND HUMAN SERVICES REORGANIZATION

A. Evaluation Planning Completed To Date

Plans for evaluating the proposed health and human services reorganization are underway. During worksessions on Bill 7-85 and the FY 96 budget, the Health and Human Services Committee has already held discussions with Executive branch staff on goals, strategies, and outcome measures.

In response to information requested by the HHS Committee, Health and Human Services Secretary Short provided two documents that specifically relate to the Department's evaluation plans. The first document titled "Health and Human Services Restructuring, Key Milestones" shows that HHS has begun a six month effort to establish an evaluation process. (circles 1-6) The milestone chart (circle 4) shows that it will take about a year to implement the proposed restructuring and that the Department plans to provide regular updates to the HHS Committee on its evaluation activities, including semi-annual reports on the fiscal impacts of the reorganization.

The second document, titled "HHS Outcome Measures Related to Restructuring and Consolidation" lists six major "outcomes that are anticipated as a result of the restructuring and consolidation efforts." (circle 7)

B. Observations and Comments

The following observations and comments are offered as ideas for the Council and Executive branch staff to consider as the evaluation plans are developed over the next six months.

1. Goals

The Legislative Request Report attached to Emergency Bill 7-95 states that the goal of the legislation is "To consolidate the health and human services functions into one department". Based on HHS Committee discussions and some of the information published to date, additional goals of the restructuring and consolidation appear to be:

- to reduce costs
- to improve efficiency of service delivery; and
- to improve management practices.

As the evaluation plan is developed, it should include a clear statement of all of the goals of the restructuring and consolidation. It would be helpful if there is a distinction made between the goals that require the reorganization and goals for which the reorganization is not a prerequisite.

It will be important for the plan to link the goals of the reorganization to the specific problems that the reorganization is intended to address. It should also address how the department will set priorities among multiple goals and discuss whether any of the goals are competing. Finally, the plan should discuss how the goals of the reorganized department compare to the goals of the current arrangement.

2. Strategies

The information published to date suggests that some HHS strategies will include:

- increased collaboration both among departments and between the public and private sectors;
- process re-engineering of both business practices and direct service delivery;
- employee empowerment;
- increased use of automation;
- centralization of administrative, management and intake functions;
- consolidation of programs by customer needs; and,
- decentralization of service delivery.

It would be useful for the evaluation plan to describe the strategies that will be used to achieve each goal and to explain why each approach was selected. The Council's Health and Human Service Policy includes several statements that could help to determine the Department's selection of strategies.

3. Outcome Measures

Executive staff have identified six outcomes that are anticipated as a result of the restructuring and consolidation effort. (circle 7) The specific targets and measures represent an excellent beginning for the list of outcomes to be developed as part of the evaluation process. (Note: Agreement should be reached on definitions as some of the working documents appear to intermingle goals with strategies and outcomes.)

The evaluation plan should expand the list of outcome measures for all of the expected goals. The evaluation plan should not be limited only to measures tied to the restructuring. It is our understanding that the HHS Committee has already indicated its interest in a future evaluation that examines the effectiveness of health and human service delivery in the broader sense.

Issues to be considered as outcomes are further defined include:

- Should there continue to be a distinction made between outcomes for which the reorganization is a prerequisite vs. outcomes that could be achieved without the reorganization?

- To the extent practicable, outcomes should be linked more directly to the goals of the restructuring and consolidation. For example, the outcome measure of "a greater percent of E-mail equipped workstations" becomes more meaningful if it is linked to the goal of "more efficient administrative practices".

- For the outcomes selected, what historical data are available to provide the basis for comparative analysis?

- What external factors (e.g., change in service level, availability of federal/state revenue) might affect the utility of the outcomes selected?

- Additional outcome measures that HHS may want to consider that relate to the goals of an integrated service delivery system or efficiency improvements include:

  - the number of stops and length of time a client spends in a process;
  - the travel time or miles between the client service area and the program location;
  - the administrative and management spans of control;
  - the cumulative staff time per client; and
  - the ratio of private sector resources to public sector resources per client or program.

4. **Responsibility for Conducting Evaluation, Timing and Reporting**

As the evaluation plan is developed, it will be important to discuss who is going to be responsible for conducting the evaluation. As listed earlier in this memorandum, factors to consider when making this decision include the:

- anticipated level of effort;
- complexity of the evaluation (including the data collection and analysis);
- skills and availability of department staff;
- the availability of funds to hire a consultant with the appropriate background and skills; and
- importance of having an independent evaluator.

Another factor to consider is whether the evaluation results are intended for internal use of the new department or intended to be produced as a public document.

According to the milestone time table (circles 4-6), the work needed to define the evaluation inputs will not be completed until the Fall of 1995 and the new organization will not be in place until the Spring of 1996. The HHS Committee has requested regular updates on the evaluation process and on the progress of the reorganization effort. Given the complexity of the restructuring and consolidation task, we do not advise planning for a major evaluation of the reorganization any earlier than three years after the reorganization is complete.

C. **Fairfax County's Approach to Evaluating A Reorganization of Health and Human Service**

The Fairfax County Board of Supervisors initiated a reorganization of health and human services in April 1993 in response to issues similar to those facing Montgomery County. The Fairfax Board mandated that, while improving the delivery of services to County residents, the reorganization and redesign plan should deliver savings of at least $2 to $4 million by FY 95.

The October 1994 draft Strategic Plan identifies three major goal areas for reorganization: (1) building an integrated service-delivery network; (2) developing a responsive services structure; and (3) implementing a system-wide commitment to quality. Charts summarizing the Fairfax County Human Services Draft Action Plan and the current and proposed Human Services organizations are attached at circles 9-12.

The HHS Committee requested additional information about how Fairfax County is planning to evaluate its health and human service reorganization. The evaluation planning to date focuses on the delivery of specific programs versus the results of the reorganization. The October 1994 draft Strategic Plan identifies as an outcome "a comprehensive process of ensuring process improvement and quality assurance." Actions to support this outcome include:

- Completing a prototype effort to test for quality assurance; and,

- Developing human services outcome measures and determinations of progress in supporting healthy individuals and families and identifying strategies to: collect data over long periods of time to build a monitoring and evaluation system of human services programs; and define short-term outcomes and tools to articulate successful service delivery.

OLO979/5-14

Attachments

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    Charles Short, Health & Human Services Secretariat

HEALTH AND HUMAN SERVICES RESTRUCTURING

Key Milestones

I.   OVERALL LEADERSHIP

    1.   Achieve Council approval to implement the restructuring
    2.   Establish a general framework for implementation of restructuring

        a.   Develop a Vision Statement for the new organization
        b.   Redefine the Mission Statement for HHS
        c.   Identify desired key outcome measures for new structure
        d.   Develop key milestones of accomplishments/timetable for
            implementation

    3.   Establish Transition Oversight Team
    4.   Appoint a transitional leader for each division/unit
    5.   Provide for corporate opportunities to say "goodbye" to old
       structure/organizations
    6.   Focus on team-building among senior staff, then among the entire department
       staff; develop protocols, flesh out implementation plan
    7.   Establish evaluation plan/process

        a.   Establish a purpose statement for the evaluation
        b.   Identify stakeholders of evaluation results
        c.   Establish evaluation team
        d.   Determine methodology/instruments
        e.   Determine evaluation products and timetable
        f.   Conduct evaluations
        g.   Complete the evaluation reports at planned intervals

    8.   Implement the approved FY 96 budget
    9.   Design budget development process for FY 97 which reflects the restructuring
    10.   Develop FY 97 budget, reflecting the restructuring
    11.   Establish a public/private collaboration council for HHS
    12.   Achieve CE/Council appointment of non-merit positions

II.   LEGISLATIVE ACTIVITIES

    1.   Achieve enactment of County legislation to create one department
    2.   Seek State legislation to fully implement the restructuring

        a.   Work with the State Attorney General's Office, DHR, DHMH, and

other State agencies to frame State legislative issues
- b. Develop necessary legislative initiatives/amendments
- c. Introduce appropriate legislative proposal to the 1996 General Assembly
- d. Brief the County Council/County delegation, and secure their support
- e. Achieve enactment of the State legislation

3. Draft County legislation, as necessary, to make consistent the results of the State legislative action

III. SUPPORT ACTIVITIES

1. Establish Management Services Unit

- a. Identify existing management services functions and personnel resources
- b. Reconfigure resources, and identify key function areas
- c. Assign leadership for each function; identify personnel to carry out these functions
- d. Develop a matrix management plan for responsibility/accountability/ supervision

2. Establish Customer Services Unit

- a. Identify key results areas to be met by this unit; develop goals/ expectations for each
- b. Appoint transitional leadership and identify personnel resources
- c. Develop workplans for each key results area
- d. Develop/implement plans to gather input from customers and employees

3. Complete transitional activities

- a. Create new organization chart for the Department of HHS
- b. Process necessary personnel actions to implement the restructuring
- c. Implement necessary RIF procedures
- d. Develop plans for outplacement counseling and re-train staff
- e. Develop necessary tools to transition to an efficient fiscal system which allows budgeting and monitoring expenditures under one appropriation
- f. Develop timetable and implement the contracting out plan as approved for FY 96
- g. Provide for logistics coordination, e.g., change of signages, directories

4. Develop/implement coordinated computer/automation systems

- a. Develop a strategic plan for automation
- b. Implement a plan for connected office information systems
- c. Participate in the implementation plan development for the community services network

      d.   Secure a supplemental appropriation if appropriate
      e.   Process appropriate procurement/training to implement the plan

IV.   SERVICES INTEGRATION

1. Determine personnel allocation for each division
2. Establish a service integration team for each direct service area (i.e., division) which includes the participation from public and private agecies, advisory boards/commissions, clients, and employees
3. Design integrated service delivery plan for each division reflecting a consistent approach addressing connection and crosscutting issues among divisions
4. Develop organizational plan for responsibility/accountability/supervision
5. Develop a strategic plan for each service area (i.e., division)
6. Develop milestones of accomplishments & timetable necessary to implement the integrated service delivery plan
7. Develop a plan for community-based service delivery model

      a.   Develop criteria for programs to be regionalized/centralized
      b.   Assess needs of different communities and identify appropriate services
      c.   Design standardized intake system with universal access
      d.   Design a continuum of community-based services, e.g., prevention, intake, intervention/treatment services, case management
      e.   Identify opportunities for co-location of services

8. Integrate services in Silver Spring as a model
9. Design and implement integrated services tailored to communities/regions maximizing existing services

V.   FACILITIES PLAN

1. Conduct an inventory of existing HHS facilities and their use
2. Gather demographic density maps (e.g., by age, income, affordable housing locations) of the County to identify current/future HHS needs by geographic area
3. Compile/conduct needs surveys
4. Identify gaps/duplication in HHS facility uses/needs
5. Develop co-location plans and alternate use plans to best meet the needs and to enhance integration of services
6. Complete a draft Facilities Plan outlining HHS facility needs

TIMETABLE FOR MILESTONE ACCOMPLISHMENTS

Key Milestones	FY 95	FY 96			FY 97		
	Mar Apr May Jun	Jul Aug Sep Oct	Nov Dec Jan Feb	Mar Apr May Jun	Jul Aug Sep Oct	Nov Dec Jan Feb	Mar Apr May Jun
I. OVERALL LEADERSHIP							
1. Achieve Council Approval	X						
2. Establish General Framework	■■■						
a. Vision Statement	■■						
b. Key Outcome Measures	■						
c. Key Milestones	■						
3. Establish Transition Team	■■						
4. Appoint Transitional Leadership	■■						
5. "Goodbye" Opportunities	■■						
6. Team-Building for Staff	■■■	■■■	■■■	■■■	■■■	■■■	■■■
7. Establish Evaluation Process	■■	■■■					
a. Purpose Statement	■■						
b. Stakeholders	■■						
c. Evaluation Team	■■						
d. Methodology/Instruments		■■■					
e. Product/timetable		■■					
f. Evaluation			■■	■■		■■	■■
g. Reports			■■		■■	■■	■■
8. Implement FY 96 Budget		■■■	■■■				
9. Design FY 97 Budget Development Process		■■					
10. Develop FY 97 Budget			■■■				
11. Establish Collaboration Council		■■					
12. Question A Appointments				■■			

Key Milestones	FY 95 Mar Apr May Jun	FY 96 Jul Aug Sep Oct	Nov Dec Jan Feb	Mar Apr May Jun	FY 97 Jul Aug Sep Oct	Nov Dec Jan Feb	Mar Apr May Jun
II. LEGISLATIVE ACTIVITIES							
1. Achieve County Legislation	X						
2. Seek State Legislation		██████████████████	██████████				
a. Work w/ Atty General, DHR, DHMH		████████					
b. Draft Amendments		████████					
c. Introduce Bill to General Assembly			██████				
d. Brief Council/County Delegation			██████				
e. Achieve Enactment				X			
3. Amend County Legislation				██████			
III. SUPPORT ACTIVITIES							
1. Establish Management Services Unit	████████████						
a. Identify Personnel Resources	██████						
b. Reconfigure	████						
c. Assign Leadership to Functions	████						
d. Develop Matrix Management Plan	████████████						
2. Establish Customer Services Unit		████████					
a. Identify Key Results Areas		████					
b. Appoint Transitional Leadership		████					
c. Develop Workplans		████					
d. Plan for Customer/Employee Input		██					██
3. Complete Transitional Activities	████████████████████		████	-			
a. Create New Organizational Chart	████████████████████						
b. Process Personnel Actions	████████████████████████						
c. Implement RIF Procedures	████████████████████████						
d. Provide for Outplacement/Re-training	██████████████████████						
e. Develop Tools for Fiscal Monitoring	██████						
f. Implement Contracting Out Plan	████████████████████						

Key Milestones	FY 95 Mar Apr May Jun	Jul Aug Sep Oct	FY 96 Nov Dec Jan Feb	Mar Apr May Jun	FY 97 Jul Aug Sep Oct	Nov Dec Jan Feb	Mar Apr May Jun
g. Provide for Logistics Coordination	████	████			███		
4. Develop/Implement Automation Systems	███	████	████	███			
a. Automation Strategic Plan	███						
b. Connected Office Information Systems	███	██					
c. Comm'ty Svc. Network Implement'n Plan	████	███					
d. Supplemental Appropriation		███					
e. Procurement/Training			████	███			
IV. SERVICES INTEGRATION							
1. Identify Personnel Allocation for Each Div.	██						
2. Establish Services Intergration Team	██						
3. Design Integrated Services Plan		████	███				
4. Dvelop Organizational Plan		████	███				
5. Develop Strategic Plan			███				
6. Develop Milestones/Timetables			███				
7. Develop Community-Based Model	████	████	████	████	██		
a. Develop Criteria for Regional/Central	███						
b. Assess Community Needs		██					
c. Design Standardized Intake System		███	███				
d. Design a Continuum of Services		███	███				
e. Identify Co-Location Opportunities	████	████	████				
8. Intergrate Services in Silver Spring		███	████	███			
9. Design/Implent Commun'ty-Tailored Prog.				████	████	████	████
V. FACILITIES PLAN							
1. Conduct Inventory of HHS Facilities	██						
2. Gather Demographic Density Maps	███						
3. Compile Needs Surveys	███	██					
4. Identify Gaps/Duplications		██					
5. Develop Co-Location/Alternate Use Plans		███	██				
6. Complete Draft Facilities Plan			██				

HHS OUTCOME MEASURES RELATED
TO RESTRUCTURING AND CONSOLIDATION

The Health and Human Services (HHS) restructuring effort anticipates a number of enhancements and improvements. The following outcomes are anticipated as a result of the restructuring and consolidation efforts:

1. **Reduce administrative overhead costs**

   Target: Achieve a reduction in administrative overhead costs of $2.3 million in the FY 96 County supported actual expenditures (exclusive of personnel cost adjustments such as increments, COLAs, and benefit rate changes), using the FY 95 actual expenditures as the base of comparison.

   Measure: Percent of target objective achieved. For example, reducing the actual administrative costs by $460,000 would achieve 20% of the target objective.

2. **Reduce management services function costs**

   Target: Achieve a reduction in management services costs of 3% in the FY 96 actual expenditures (exclusive of personnel cost adjustments such as increments, COLAs, and benefit rate changes) using FY 95 actual expenditures as the base of comparison.

   Measure: Percent of target objective achieved.

3. **Reduce direct services program costs through contracting out and privatizing services**

   Target: As a result of privatizing or contracting out services, achieve a reduction in actual direct service program costs of $1.3 million in FY 96 using FY 95 actual expenditures as the base of comparison.

   Measure: Percentage of target objective achieved.

4. **Reduce County work force**

   Target: Abolish 163 County-funded positions in FY 96 using the FY 95 total number of approved County-funded positions as the base of comparison. (Note: Total number of County-funded positions could be affected by positions transferred into the Department as a result of service integration.)

   Measures: Percentage of target objective achieved.

(7)

5. Increase the use of advanced technology

Target: Achieve (a) a greater percentage of E-mail equipped workstations each year; (b) a smaller number of staff per workstation; (c) a larger number of workstations relative to the FY 95 configuration; (d) a greater percentage of staff set up to utilize voice mail; and (e) a higher number of completed training classes.

Measures: Comparisons to be based on a June 1995 inventory.

6. Establish a service integration system

Target: Establish a comprehensive integrated system with 5 major components (i.e., Children, Youth and Family Services; Aging and Disability Services; Public Health Services; Crisis and Victim Services; Adult Mental Health/Substance Abuse Services) by the end of FY 96.

Measure: Percentage of the target objective achieved.

Current Human Services Organization

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                    ┌─────────────┐
                    │   County    │
                    │  Executive  │
                    └─────────────┘
                           │
                 ┌───────────────────┐
                 │  Deputy County    │
                 │  Executive for    │
                 │  Human Services   │
                 └───────────────────┘
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| Fairfax County Public Library | Reston Community Center | McLean Community Center | Juvenile & Domestic Relations District Court | Community Services Board |

| Office of Human Services | Department of Extension and Continuing Education | Office for Children | Department of Human Development | Department of Housing and Community Development |

| Department of Health | Department of Community Action | Department of Recreation and Community Services |

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Integrated Accountable Human Services System

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                              ┌─────────────────┐
                              │  Deputy County  │
                              │  Executive for  │
      ┌ ─ ─ ─ ─ ─ ─ ─ ┐       │ Human Services  │
        Office of Quality ────┤                 │
      │ Assurance Team  │     └─────────┬───────┘
        for Systems                     │
      │  Integration    │               │
      └ ─ ─ ─ ─ ─ ─ ─ ┘                 ├──────────┐
                                        ┊   ┌──────────────┐
                                        ┊   │ Fairfax County│
                                        ┊   │ Public Library│
                                        ┊   └──────────────┘
```

OPERATING   FUNCTIONS

| Family Services | Family Court Services | Housing and Community Development | Health Services | Mental Health/ Mental Retardation/ Alcohol & Drug Services | Community & Recreation Services |

STAFF FUNCTIONS

| Office of Administration & Management | | Office of Human Services System Operations |

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Human Services Draft Action Plan

ID	Name	FY 1995				FY 1996				FY 1997		
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
1	I. HUMAN SERVICES MANAGEMENT											
2	Implement New Management Structure											
3	Recruit/Interview Directors											
4	Appoint Mgmt. Team (Directors of Svc. Areas, Systems, Admin)											
5	Implement Strategic Plan											
6	Establish Strategic Partnerships											
7	Develop and Issue RFP for Redesign/IT Support											
8	Evaluate Proposals and Award Contract											
9	Update Information Strategy Plan											
10	Establish Regional Service Delivery System											
11	Recruit/Appoint Five Regional Directors											
12	Establish Roles and Responsibilities											
13	Build Community Support Networks											
14												
15	II. ADMINISTRATION											
16	Administrative Consolidation											
17	Redesign of Administrative Functional Areas											
18	(Financial Management, Information Technology, Human											
19	Resources, Physical Resources, Resource Development)											
20	Develop System-Wide Program-Based Budget Process											
21	Implement System-Wide Program-Based Budget Process											
22												
23	III. SYSTEMS MANAGEMENT											
24	Regional Service Delivery Coordination											
25	Joint Community Needs Assessments (ongoing)											
26	Develop/Implement Policy & Procedure Model - Svc. integration											
27	Customer Services Planning Redesign											
28	Integrate CSP and Unified Intake											
29	Evaluate Prototype and Issue Reports											
30	(on Customer Focus, Systems Comparison, Cost Analysis)											
31	Evaluate/Incorporate Other Care Planning Models											
32	Refine CSP Process Model for Regional Implementation											

Critical [====]   Milestone ◆

Date: 10/18/94

(11)

This chart is not intended as a detailed workplan. Forecasts are subject to periodic review and update.

ID	Name	FY 1995				FY 1996				FY 1997		
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
33	III. SYSTEMS MANAGEMENT (continued)											
34	Customer Services Planning Redesign (continued)											
35	Develop Automation to Support CSP											
36	Phased Implementation of CSP Modes County-Wide											
37	Evaluate Expert System Tech. for Eligibility-Determination											
38	Develop Automation to Support Eligibility-Determination											
39	Quality Assurance											
40	Establish Quality Assurance Team											
41	Develop & Implement Team-Based Training											
42	Develop & Test Team-Based Performance Evaluation											
43	Program Evaluation											
44	Develop and Pilot Program Evaluation Methods											
45	Implement Program Evaluation Tools System-wide											
46												
47	IV. SERVICE INTEGRATION											
48	Initial Phase of Program/Service Area Consolidation											
49	Service Area Restructuring and Redesign											
50	Program Restructuring & Redesign											
51	Initiate County-wide Prevention Strategy											
52	Integration of Early Intervention Efforts											
53	Early-Intervention Restructuring (Part H)											
54	Establish Part H Community-Based Service System											
55	Self-Sufficiency Efforts											
56	County-wide Redesign of Self-Sufficiency Programs											
57	Participate in State Welfare Reform Pilot - VIP											
58	Expand Employment/Training Partnerships											
59	Dual Diagnosis Integration for MH/ADS Services											
60	Implement Federal Consolidated Housing Plan											
61	Benefits Automation											
62	Prepare & Implement State Benefits Automation - ADAPT											
63	Implement Electronic Benefits Transfer											
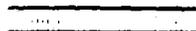
Critical ▭   Milestone ◆

Date: 10/18/94

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