Integration and Interoperability within the Health and Human Services Enterprise
Montgomery County Department of Health and Human Services
Montgomery County, MD

This *Raise the Local Voice* profile is one of a series from APHSA addressing specific policies and recommendations that support the four outcome impact areas identified under our members’ *Pathways* initiative. This profile illustrates the outcomes of *Achieving Gainful Employment and Independence*, *Stronger Families, Adults, and Communities*, *Healthier Families, Adults, and Communities*, and *Sustained Well-Being of Children and Youth*.

General Description

In 1996, by Executive Order, four County Departments were consolidated to form the Montgomery County Department of Health and Human Services. The stated objective for the consolidation was integration and coordination of the delivery of health and human services in Montgomery County.

The consolidation of County Departments and the creation of the newly formed (in 1996) Department of Health and Human Services provided the necessary alignment to begin the work of integrating the delivery of health and human services in Montgomery County.

Over the past 15 years, the coordination and integration of services has evolved to an approach which is focused on practices, policies, and infrastructure that support and comprehensive health and human services department.

Our work to date on aligning our practice, policies, infrastructure, and people:
**Practice**

- Built and tested a practice model for integrated services to support intensive case teaming for complex, multi-service cases
- Developed and tested a universal face sheet and screening tool for the intake process throughout the Department
- Tested integrated access points through Neighborhood Opportunity Network sites for both community-based service delivery and economic development activities
- Developed a Neighborhood Opportunity Network Model that combines social service delivery with community organizing and empowerment
- Strengthening partnerships with nonprofits, faith community, business, and philanthropy to better leverage limited resources for those in need

**Policy**

- Built a confidentiality policy that enables data sharing across the entire Health and Human Services Enterprise
- Developing the scope and parameters for a true “No Wrong Door Approach” to the delivery of health and human services
- Identifying, analyzing, and addressing policies that may present barriers to a fully integrated practice

**Information Technology Infrastructure**

- Building a common client index/master client index to record all programs and services associated with a client – to better anticipate need and improve service delivery.
- Integrating eligibility for programs with federal, state or local eligibility requirements.
- Ensuring compliance with all federal, state and local confidentiality and privacy protocols.
- Digitizing all records and moving to a paperless environment.
- Building an integrated case management system that allows for public and private-sector users to access and use of the system
- Developing a DHHS Portal and Data Warehouse to link information from multiple databases.

**People**

- Analyzed staff capacities and readiness for change.
- Providing ongoing training and development activities for staff.
- Developing tools to support staff.

**Highlights**

**Confidentiality Policy**

The Montgomery County Department of Health and Human Services is under charter a wholly HIPAA covered entity. In addition we have applied the following principles—a clearly articulated definition of treatment, need to know, role-based access, and professional ethics. We have trained staff extensively and developed documents that support our practice
Neighborhood Opportunity Network

In FY 2009 the Montgomery County Department of Health and Human Services, in partnership with anchor nonprofits and a community organizing entity began the Neighborhood Opportunity Network initiative currently operating in three sites. These sites provide one-stop access points for all services offered by Montgomery County Department of Health and Human Services in partnership with our nonprofits and aim to empower residents to advocate for services and for their rights around tenant issues, employment, ESOL, micro-enterprise and natural supports. This initiative is a centerpiece of our community-based work and helps us experiment with integrated front door.

Integrated Case Team Meetings

Many clients receiving services from the Montgomery County Department of Health and Human Services present with a range of complex, and intensive needs. Improving outcomes for these clients requires a shared effort across the department. It requires an integrated system's response, rather than an individual or program response to client needs. The department is building an integrated service delivery model to better support clients with multiple and complex needs.

Cross-program teams are the centerpiece of the system's new approach to service planning and delivery. These teams may meet regularly, periodically, or simply be available to one another depending on the need. These teams are individualized based on the client's situation and needs. Teams will include staff from multiple department program and service areas, and may also involve private and public partners. Clients also participate in team meetings, and are encouraged to play an active role in the development and implementation of their plans. The team planning meetings follow a structured format and have a neutral facilitator. During the meeting an action plan with specific tasks, timelines, and responsible person is created.

To support integrated practice, tools are being developed that will result in easier access to other services throughout the department. Involving staff from different programs and service areas in planning and decision-making will help minimize barriers to service delivery and allow a more comprehensive approach to meeting the needs of our clients.

Business and Technology Process Review

The Business Process Redesign (BPR) initiative is a part of the Montgomery County DHHS Process and Technology Modernization (PTM) project. The PTM project is a multi-part, multi-year effort focusing on vastly improving the business processes for the Department and incorporating state-of-the-art technology and methodologies to support these changes. Upon completion, the project is expected to deliver the following direct benefits to the department and its customers:

- Create a common access front-end to reduce duplicate data entry and integrate with existing systems, and create a single-point-of-entry for case data
- Streamline intake and eligibility
- Support integrated case management (ICM) model
- Replace local tools with an enterprise system
- Support data exchange with contract providers and Community Based Organizations (CBOs)
- Provide role-based security based on authorized access
- Provide business analytics to monitor key outcomes
- Support customer self-service to apply for services
- Integrate scanned imaging to reduce reliance on paper files
- Accommodate changes resulting from the Affordable Care Act
- Create a common client index to provide a holistic view of the client across programs
Outcomes Goals and Measures

What are the outcomes goals and measures you are using to guide your efforts? How are you specifically measuring progress toward this outcome?

Focus of Integration

- Earlier comprehensive identification of individual/family needs
- Quicker delivery of comprehensive and integrated services
- Individuals/families achieve case plan outcomes

Outcomes of an Integrated Service Delivery System

- Improved client functioning—place-based approach to care delivery where possible
- Improved client satisfaction
- Reduction in length of stay in services/treatment/care
- Reduction in recidivism
- Improved coordination among staff of the public and private partners
- Increased efficiencies
- Increased ability for staff to connect a case across a broad spectrum of public health and human services
- Support staff’s ability to work collaboratively to improve client outcomes

Program Coordination and Integration

How are you working with multiple programs (rules and requirements, funds) to coordinate them, build collaborative activities around them, or integrate them? What are the primary barriers you face in doing so and how are you addressing them?

The Montgomery County Department of Health and Human Services is engaged in an enterprise-wide business process redesign.

The business process redesign is built on a comprehensive integrated case management structure that looks at the following:

- Screening
- Intake and Eligibility
- Enrollment
- Assessment and Service Strategy
- Case Management
- Case Disposition
- Case Outcomes

The business process redesign will enable us to further align processes at all intersects (noted above) and develop processes where program rules and requirements cannot be aligned.

This process will also support the technology modernization project for the Montgomery County Department of Health and Human Services.
The department’s technology modernization initiative will build the following:

- Common Client Index
- HHS Portal
- Data Warehouse

Results

What positive results are you experiencing from doing so, both in terms of lower costs and improved outcomes? What are your current outcomes and outcomes trends?

- Facilitation of greater system collaboration
- Shared case planning leading to more comprehensive service delivery and increased client outcomes
- More efficient access to services for clients with multiple needs
- Greater involvement of client and client's natural supports in case planning and ongoing support

Stories and Anecdotes

To illustrate and reinforce your responses above, please share what you can about specific, real-world experiences of those you serve and those with whom you collaborate.

Client is a 20-year-old single woman with three children under the age of three. The family is living in a shelter. At the time of the integrated team planning meeting the family had been in shelter for 1½ months, and had made little progress toward finding more permanent and stable housing. While in the shelter program the client had several service agreement violations, all having to do with a lack of supervision of her children and difficulty managing them. Client has a history of mental illness and has been in and out of therapy during the past few years. She also had been hospitalized following a suicide attempt several years ago.

Due to her demonstrated inability to properly manage and supervise her children, and a prior contact with Child Welfare while she was living with her mother, Child Welfare decided to remove the children from her care. Child Welfare and the shelter staff made plans for social workers and police to come to the shelter the next day to remove the children, and place them in foster care homes. The client would then be terminated from the shelter, because it was a family shelter.

In addition to the client and her mother the team consisted of staff with expertise in multiple areas, including Homeless Services, Public Health, Job Training, and Child Welfare.

Both the client and her mother became engaged in the team meeting. The client's mother wanted her daughter and grandchildren to live with her until her daughter could complete her education and job training, and go to therapy to become more stable and better able to manage her children.

The team planning meeting resulted in the following agreed-upon shared, cross-systems case plan with the following highlights:

- The three young children were not placed into foster care but remained with their mother through a written agreement with Child Welfare
- Ms. M. and her children moved back in with her mother. Child Welfare will remain involved and provide home-based services to help with parenting and with the relationship between Ms. M. and her mother.
• Ms. M. will receive mental health therapy and psychiatric services.
• Children will receive Infants and Toddlers services for possible developmental delays, and provide parenting education for mother.
• Ms. M. will pursue her GED and job training.

**Recommendations**

*From your experience, what related policy, program, or funding changes at the federal level would best serve to streamline, simplify, or integrate separate policies and programs?*

Three areas of impacts are:

• Policy alignment in the area of Confidentiality, privacy and security
• Provide guidance at the local level to Blend and Braid funds
• Extend the enhanced match and the three-agency memo past December 2015

*From your experience, how long would it take for these changes to take hold at the local level and either lower costs or improve outcomes?*

The Montgomery County Department of Health and Human Services project has an eight-year trajectory. The project is in year five.

Our goal this year is to identify Return on Investment and Social Return on Investment calculator resources and conduct ROI and SROI analysis of our integration and interoperability work to determine clear cost-benefit analysis of our work.