COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: April 14, 2017

TO: Supervisor Theodore Lipscomb, Sr., Chairman, Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services

SUBJECT: Informational Report on the Department of Health and Human Services vision to develop an integrated system and practice model

The Department of Health and Human Services has a vision to develop an integrated system and practice model that is standardized and operationalized throughout the whole department and our contracted partners. The purpose of this transformation is to identify, access, and enroll participants and their families in all programs and services available in a coordinated manner, regardless of where or how they enter our department or other systems. We believe this model will yield better outcomes and, in turn, healthier communities by developing data-driven, cross-sector solutions and upstream, prevention-oriented programming.

The complexity of serving people through health and humans service organizations continues to increase and makes this new approach necessary. Individuals are presenting with multiple needs, spanning multiple organizations. Access to services for the people we serve can be like a maze with many doors, dead ends, and unlimited choices, making it too complex to navigate. Our goal is to reduce the number of doors, eliminate the dead ends, and make the path as straight and clear as possible.

Due to shrinking resources, we need to make sure we are delivering services with high quality outcomes in the most efficient and effective manner possible while demonstrating a good return on investment. Significant cuts are being proposed on a national level that could be devastating to government, hospital systems and non-profit organizations providing vital services to individuals with great needs. No longer can we think reactively to situations for the people we serve. We need to take a much more proactive approach looking at root causes and taking a population health/prevention approach while integrating and coordinating our efforts. This new approach will position our organization, partners and the people we serve with the best opportunities for success.

Below I will outline the guiding principles for a new integrated system and practice model we would like to move forward with. I will also share model examples we can learn from, illustrate an example of this vision, and provide next steps.

The Guiding Principles

- Commitment to defining and tracking a set of structure, process, and outcome measures to ensure consistency and framework fidelity
- Enhance the quality of life for individuals and their natural supports by providing the opportunity to be fully integrated and included in the community
- Execute an integrative service delivery model that emphasizes strengths, improves access, reduces barriers, and addresses root causes for DHHS individuals and families (whole family approach)

- One plan addressing physical, behavioral, emotional and social determinants of health
- Person-centered, recovery-oriented, trauma-informed, culturally intelligent and promoting safety for the individual and the community
- Prevention, early intervention and collaboration among providers
- Rigorous and focused integration of families, natural supports, providers and the physician into care/service planning
- Urgency in individual/service interaction/appointments

There are good examples of efforts that have been developed that could inform how we move this integrated system and practice model forward. For example, Accountable Care Organizations (ACO's) were developed to coordinate care to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. Medical Homes were created to ensure patient centered, comprehensive, coordinated, accessible care is delivered with high quality and safety in mind. Locally, we have managed care organizations where the health care delivery system is organized to manage cost, utilization, and quality. MCOs operate the Family Care program and provide coordinated services. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences.

Nationally, the American Public Human Services Association along with its county and state partners across the country (Milwaukee County included) is leading an effort to reform programs and operations to strengthen our organizational capacity and effectiveness. Their vision is " Within 10 years, the Local Council will transform the health and well-being of communities across the country by shifting programming and funding upstream into prevention-oriented and consumer driven cross sector solutions that improve outcomes across the lifespan and significantly reduce high cost institutional interventions within a social determinants of health framework." They have developed a tool along with Harvard University called the Human Services Value Curve to help leaders envision and create a service delivery framework that has a strong foundation to achieve regulatory requirements, is coordinated, integrated and ultimately leads to a prevention and public health focused model. In an article published by *Policy and Practice*, Phil Basso, Deputy Executive Director for the American Public Human Services Association, states that "The Value Curve gives us a true north compass for using our various maps, ensuring we don't lose sight of the ultimate destination: sustained well-being of children and youth, healthier families and communities, opportunities for employment and economic independence, and fairness between all the places we live."

Within our department we have pockets of excellence that closely mirror the approach we envision and what others have developed. The success of these initiatives will inform this new vision, and when the integration system and practice model is implemented, their effectiveness will be enhanced even further. Examples include Wraparound Milwaukee, our Housing First approach, Juvenile Justice reforms and the Disability Resource Center. We can learn from these examples as well as other proven models identified in this report. The idea is to operationalize our pockets of excellence across the department and through our contracts with our partners.

Over the last year we have worked with a consultant and the department to examine our current state and processes. Role definitions were reviewed for case managers, care coordinators, human service workers and others that have a direct role in service delivery for the people we serve. Current processes, workflows and policy and procedures were reviewed to see how this might need to change in order to realize this new vision.

A lot of work went into researching IT platforms that we could use to help us operationalize this integrated system and practice model. These efforts informed an RFP for an IT software solution for our department.

Example of the Vision

Outlined below is an example of how the integrated system and practice model vision could apply to how we would work with a youth that is involved with Delinquency and Court Services, Wraparound Milwaukee, and Child Welfare.

In working with a youth involved in these three systems, we would take a more proactive role in understanding how the social determinants of health are impacting the well-being of the youth and their family. The idea here is to serve the whole family through the initiation of the whole family assessment. We would make sure we coordinate or provide services where necessary and desired that would consider basic needs, housing, education and employment in addition to behavioral health, primary care and dental services. We would coordinate and integrate our efforts with basic needs, treatment, healthcare, criminal justice, and state and city service providers. We would work to have one treatment plan approach. For regulatory reasons, three separate treatment plans might be needed, but the new approach will ensure that all approaches are incorporated into one overarching treatment plan. We would take a more proactive approach at addressing root causes of issues and proactively incorporate prevention strategies. We also would ensure that the services provided in a way that is person-centered, recovery-oriented, trauma-informed, and culturally intelligent. We would have quality assurance and evaluation tools to ensure that there is fidelity to this comprehensive approach. The selection of a technology tool that will help operationalize and ensure fidelity and outcomes to this new approach is paramount. The technology tool will also allow for robust sharing of information within DHHS and other partner agencies.

To continue this vision forward, over the next 100 days we would like to do the following:

- Meet with industry experts to share our vision and get their reactions. Have industry experts provide presentations on their practice models to further our learning before moving forward.
- Meet with the following groups to share our vision and gather thoughts, perspectives, and feedback:
    - Division leaders along with their respective staff that are involved in delivering services
    - Contracted partner organizations
    - People who receive services from us
    - Stakeholders and advocacy groups

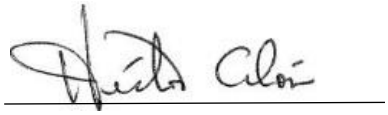
Following the completion of these next steps will be followed by working with staff and partners to operationalize the components of our vision including:

- Words, values and principles
- Job descriptions
- Policy and procedures
- Quality assurance and evaluation
- Tools and resources
- Treatment and care plans

- IT infrastructure
- Training infrastructure

This new model will help empower individuals, families and communities to be healthier. Taking a more coordinated, integrated and proactive approach will prevent costly and unnecessary interventions. Assessments and data will help us make informed decisions leading to preventative strategies. This initiative may require for us learn, grow and adapt our structures, but in the end we will have a better chance at empowering healthy communities together with our partners.

I hope this information was helpful. If you need additional information, please let us know.



Héctor Colón, DHHS Director