

The Unification of Health and Human Services Presented to:

House Health
House Human Services
House Aging and Older Adult Services

Secretary Teresa Osborne, Department of Aging
Acting Secretary Jennifer Smith, Department of Drug and Alcohol Programs
Secretary Karen Murphy, Department of Health
Physician General Rachel Levine, Department of Health
Secretary Ted Dallas, Department of Human Services

April 5, 2017

▶ The Unification of Health and Human Services

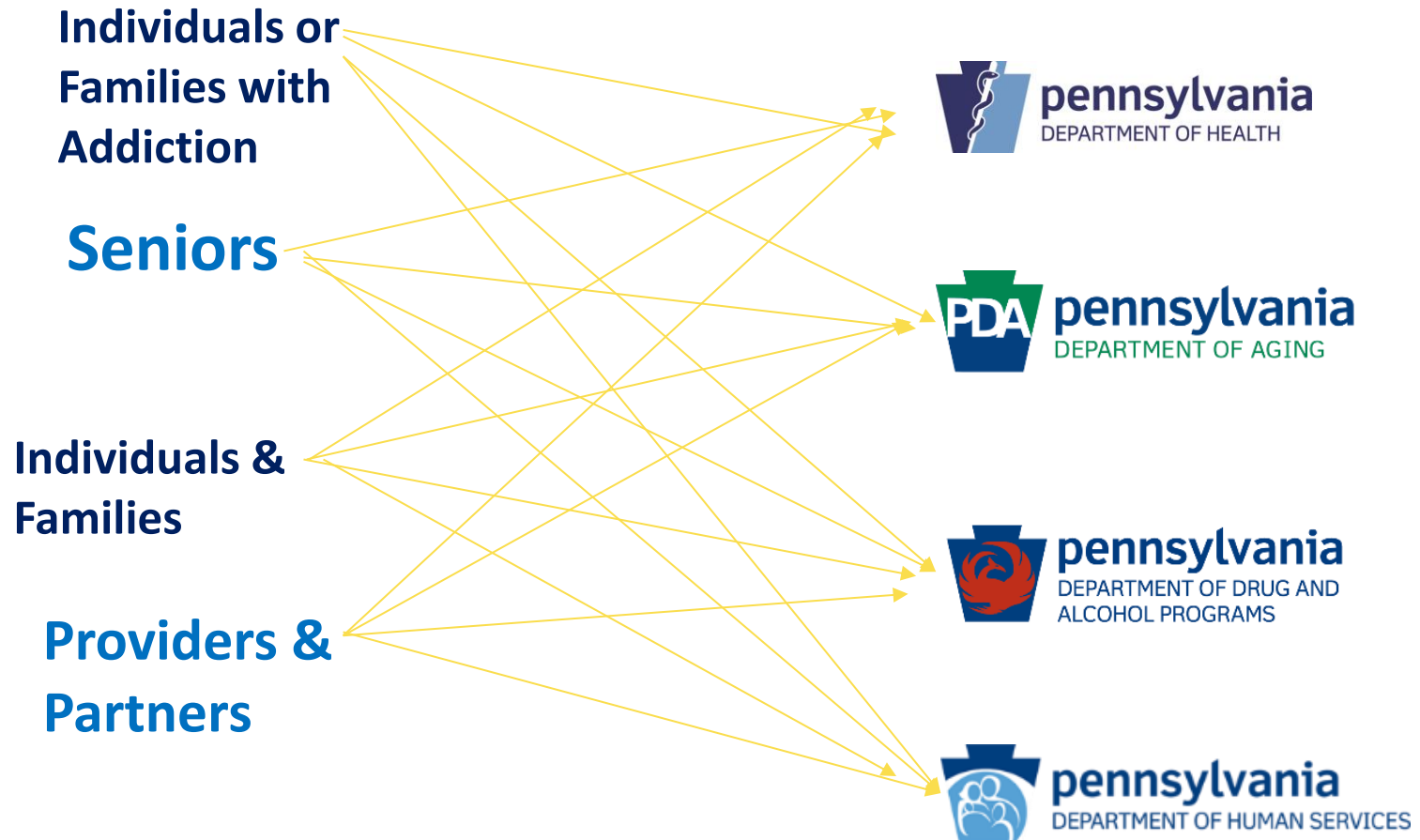
A unified Health and Human Services organization transforms and organizes service delivery based on the citizens we all serve.

- **Results** in a no wrong door approach, creating one point of access for people delivering and receiving health and human services. This will eliminate confusion, streamline the effectiveness and efficiency of services, and improve quality and customer service.
- **Allows** for alignment and unification of pharmacy, SNAP, WIC, and TANF benefits.
- **Redesign** of county assistance offices and state health center modernization are aimed at improving service delivery and eliminating and consolidating duplicative functions.

The goals are **less confusion** and **easier access to services** for an **improved experience**.

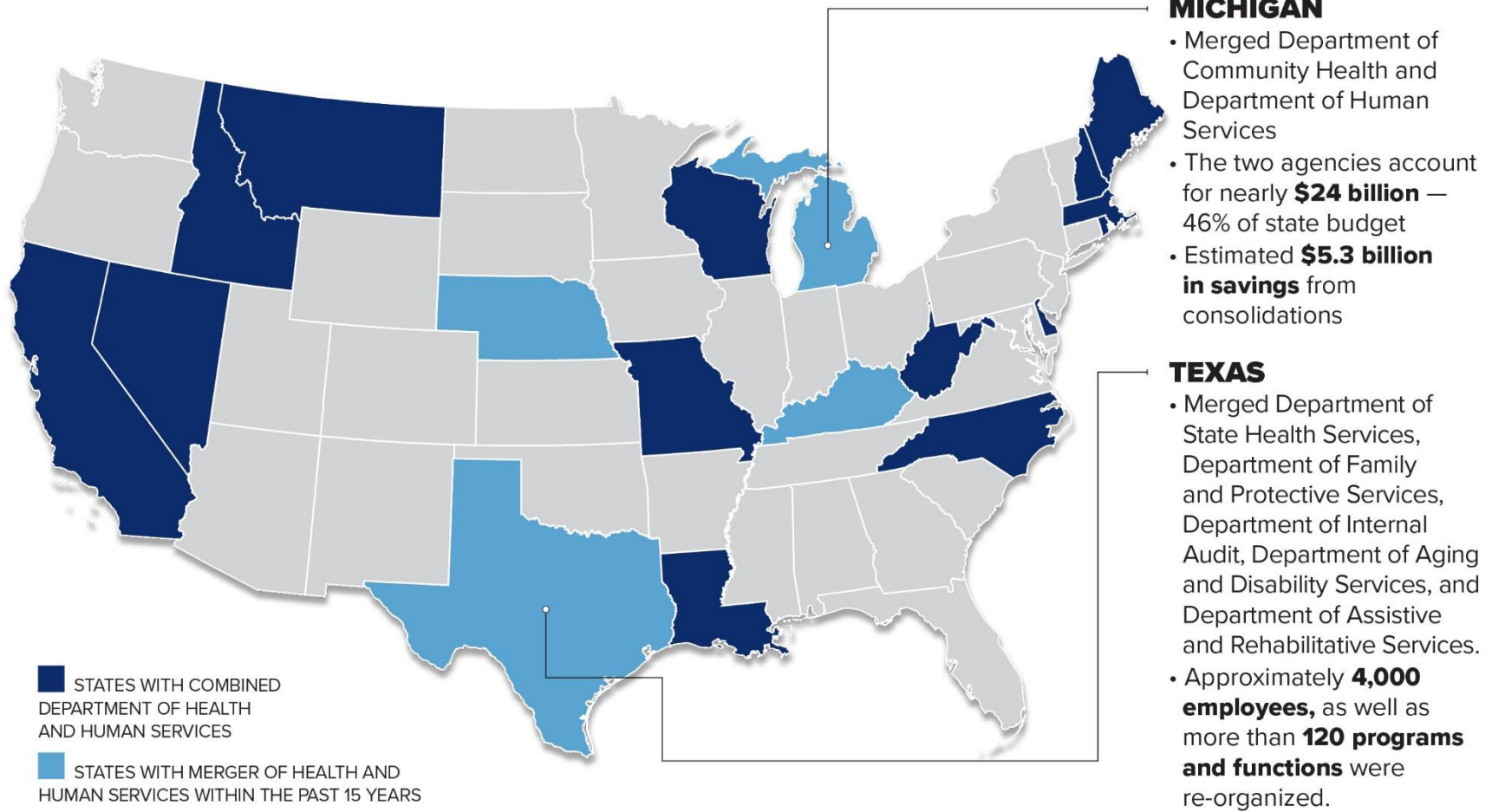
Why have we started this journey?

The current service delivery model is complex, inefficient, and confusing. Citizens need government to provide efficient and effective service delivery.



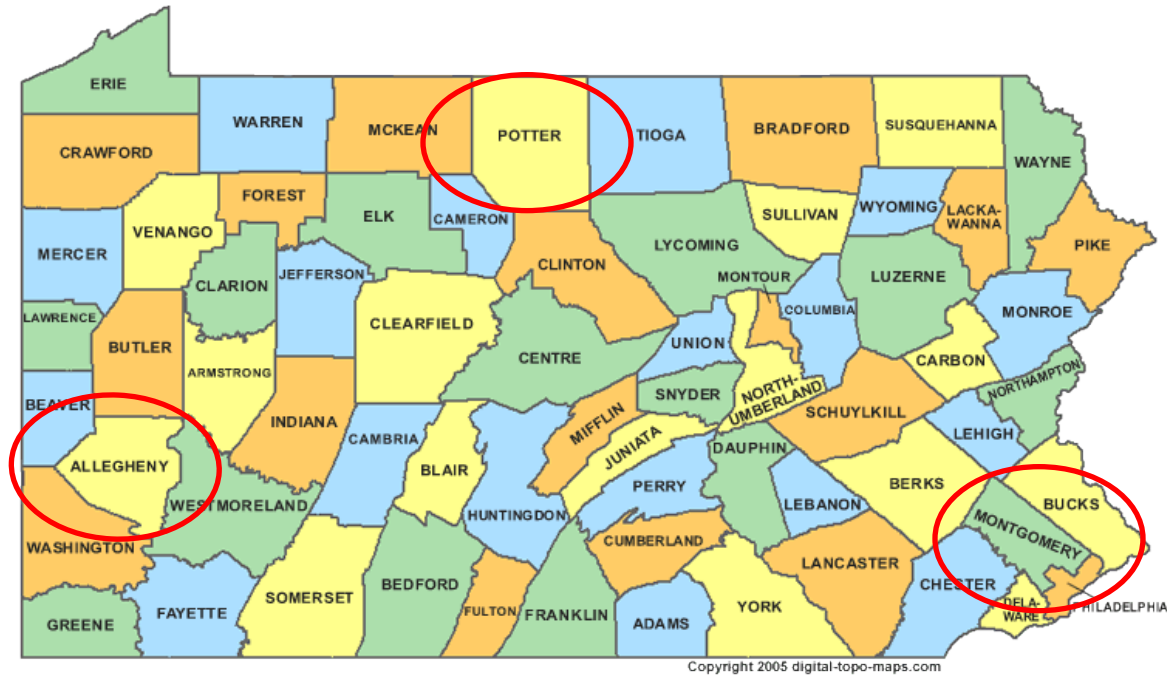
Nationally, the trends show this delivery model works

Building upon their lessons learned will help our success.



18 STATES HAVE A UNIFIED DHHS

Statewide, counties are also moving in this direction



Allegheny County Consolidated in 1997
Potter County Consolidated in 1987
Montgomery County Consolidated in 2015

➤ County Partners Benefit

- **All four agencies** interact with the County Commissioners Association of Pennsylvania, their affiliate organizations, as well as county commissioners/employees.
- **County employees provide** or contract to provide crucial health and human services for Pennsylvanians.
- **Creating the unified agency** will establish a single point of access for county government on health and human services issues.
- **The unification will** allow for more cohesive guidance to counties.
- **Some counties**, such as Allegheny, Potter, and Montgomery, have successfully moved to a consolidated human services model themselves, streamlining services and benefiting clients in those counties.

➤ Unified Organization Design– What is the vision?

We will be creating ten unified Deputates to serve Pennsylvanians.

- Office of Eligibility and Self Sufficiency
- Office of Medical Assistance Programs
- Office of Behavioral Health and Substance Use Disorder Services
- Office of Aging and Adult Community Living
- Office of Health Care Quality and Licensure
- Office of Public Health
- Office of Administration
- *Office of Developmental Programs**
- *Office of Children, Youth, and Families**
- *Office of Child Development and Early Learning**

** No proposed changes to the current organizational structures within these deputates.*

➤ Today's Fight Against Addiction

John is an 18-year old high school senior on the football team who received drug prevention education from his high school.

He is injured and goes to an orthopedic surgeon and gets prescription opioids after the doctor checks the PDMP.

His parents notice a problem and call the Single County Authority to help with the opioid addiction.

They get **referred** to a Center for Excellence for treatment and wraparound services.

A naloxone prescription is filled in case of overdose.



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➤ Addiction Services Benefits

Individuals that struggle with addiction-related issues and their families will see **improved service delivery and access to care** through a unification of processes and resources associated with the Centers of Excellence (DHS), the Single County Authorities (DDAP), and hospitals/health systems (DOH).

Treatment providers will **benefit from an integrated licensure process** allowing them to open doors sooner to those in need, improve response time for investigations and complaints, and focus on other administrative efficiencies in order to better serve their patients.

The commonwealth will benefit by streamlining of the 21 Century CURES grant work; the warm handoff protocols between hospitals, Single County Authorities, and Centers of Excellence; the PacMAT approach to treatment; the drug take back box programs for seniors; and, the PDMP program.

➤ Today's Experience for Seniors

Mary is a woman in her 70s suffering from Alzheimers.

Her savings is depleted on her care and she is in a nursing home and has qualified for Medicaid.



Commonwealth Media Services

A senior on Medicaid living in a nursing home currently:

- **Has** ombudsman services through Department of Aging
- **Receives** payments through DHS/Medicaid
- **Resides** in a nursing home licensed and regulated through Department of Health
- **Can** file complaints with multiple agencies

➤ Transforms to a No Wrong Door Approach

Now, no matter what she needs, she and her family will only have to contact one department.

Additionally, older Pennsylvanians who are transitioning from a service in one department, such as the OPTIONS program currently at Aging, to a service in a different agency, such as a waiver program currently administered through DHS, will now experience:

- A single point of contact to ensure dependable communication for the consumer and consistent policy guidelines for providers
- Improved continuity of care to ensure consumers do not experience service gaps and a seamless transition
- A simplified application process
- One regulatory agency that handles all complaints



► Individuals & Families Benefit

- **Jane is recently widowed.** She has a two-year-old son and a three-month old baby.
- **Jane meets** the eligibility guidelines for both SNAP and WIC.
- **Right now,** Jane would have to contact the Department of Health to access WIC and the Department of Human Services to access SNAP.
- **The unification** would allow Jane to go to one place for all of her needs.
- **This redesign of the CAOs** will lead to a better customer service experience.

Organization Design



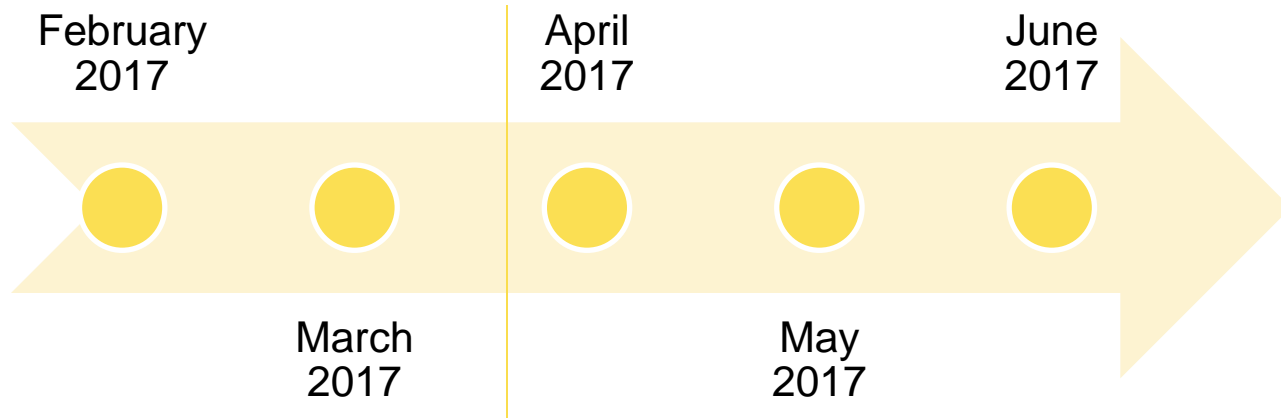
From August 2016 (Budget Instructions) through January 2017, **service delivery improvements were conceptualized in order to begin aligning** bureaus to the new Deputates.

This organization was proposed in the Governor's budget address.

Guiding Principles for DHHS Design

- Streamline touchpoints for citizens
- Improve service delivery
- Identify automation opportunities
- Eliminate duplicative or overlapping functions
- Improve employees' ability to service customers
- Provide the right services to the right citizens at the right team
- Create outcome based metrics

Organization Design – Where are we now?



February - March 2017

- **Creation of Internal Workgroups & Organizational Chart**
Bureau/Division Reviews

➤ Organization Design – What's Next? April-May

- Complete Workshop Activities
- Draft **Functional Statements** which are a description of the organization's purpose, expected work, or programs performed at the division level and above must be drafted.
- Begin **Staff Mapping** which is mapping employees from their current organizations into the new organization. As part of staff mapping, we will identify classification, pay, location, and seniority issues.
- **Engage Stakeholders** to get feedback
- Begin **Transition Planning** which is reviewing the final organization structure and based on risk and priorities, determine which organizational group or groupings to implement over what period of time.

Organization Design – HR/IT Shared Services

HR/IT Shared Service reviews are occurring in parallel to this initiative; however, many of these services are already performed in a shared manner.

- Information Technology
 - DHS already provides IT services to the Department of Aging.
 - DOH already provides IT services for DDAP.
- Human Resources
 - DHS already provides HR services to DOH.
 - OA provides HR services to DDAP.
 - Aging has its own HR office.

As part of transition planning for both projects we will review the best timing related to the changes associated with the delivery center.

To mitigate risk and business interruptions we will work to phase in these transitions.

Transformation is a Journey

Phased Approach for Implementation

Phase 1

- Employee announcements and transition to the new org structure
- System changes to transition employees to new DHHS (SAP/email/budget)
- Begin classification reviews identified as part of workshops

Phase 2

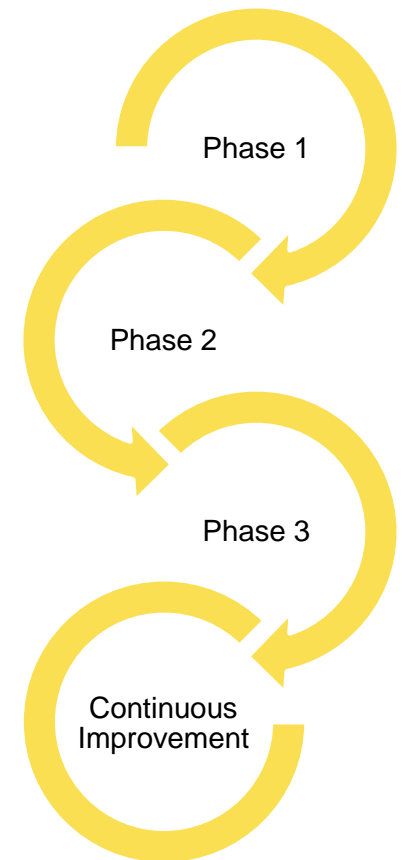
- Deputates with minimal changes (not dependent on technology)
- Scoping Requirements for system changes to support improved service delivery

Phase 3

- Continue standing up organizational components

Phase 4

- Larger Technology Changes
- Continuous Improvement
- Review Performance Outcomes



➤ Stakeholder Engagement

Activities Completed To Date

- Stakeholders identified by services provided/individuals served
- Monthly meetings kicked-off (4 meetings held over two weeks with more than 30 organizations represented)

Upcoming Activities

- April – Share information from deputate workgroups with stakeholders
- Continue meeting
- Establish stakeholder advisory committee

➤ Keys to Success

- Focus first on the customer experience and quality of services provided.
- Engage stakeholders and legislature.
- Understand and manage change.
- Create a transition plan to mitigate the impact on business operations.
- Understand that this is a journey and July 1st is just the beginning.