



Integrating  
Health

with Human  
Services

A Case Study in Successful Implementation.

---

# Overview.

Who we are

Our work on integration and interoperability

The Montgomery County journey

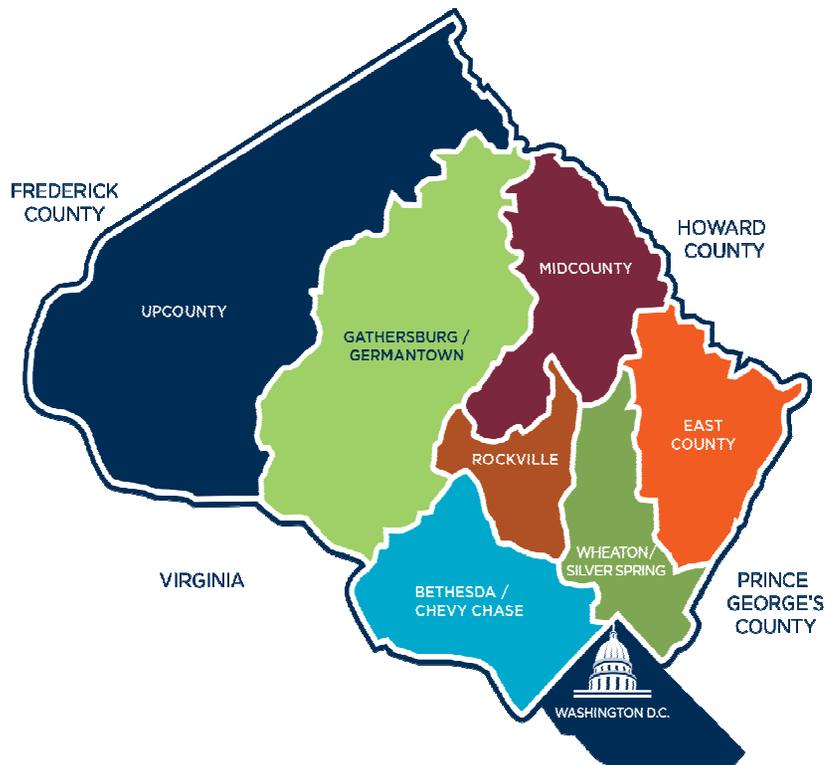
Health Reform/Medicare Waiver and impetus for Integration

Observations and Lessons learned

WE DIDN'T REALISE WE WERE  
MAKING MEMORIES, WE JUST KNEW  
WE WERE HAVING FUN



# Information About Montgomery County, Maryland



- **1,030,477** Residents
  - **32%** Foreign born
  - **54%** racial-ethnic minority
- **Six** Zip Codes of extreme need — Poverty on the rise
- **29%** growth in our senior population over the next 4 years. Projection for 2020 is **258,367**
- **54,052** out of **153,994** children in the public school system receive FARMS
- Served over **120,000** households in Fiscal Year 2014. One-third used more than two services from department
- Serving almost **32,500** uninsured adults, children and pregnant women
- A staff of **1,600** with over **80** programs
- Caseloads growing:  
**TCA – 53% | SNAP – 189% | MA – 113%**



Who we are and our Integration Story.

Our Department.

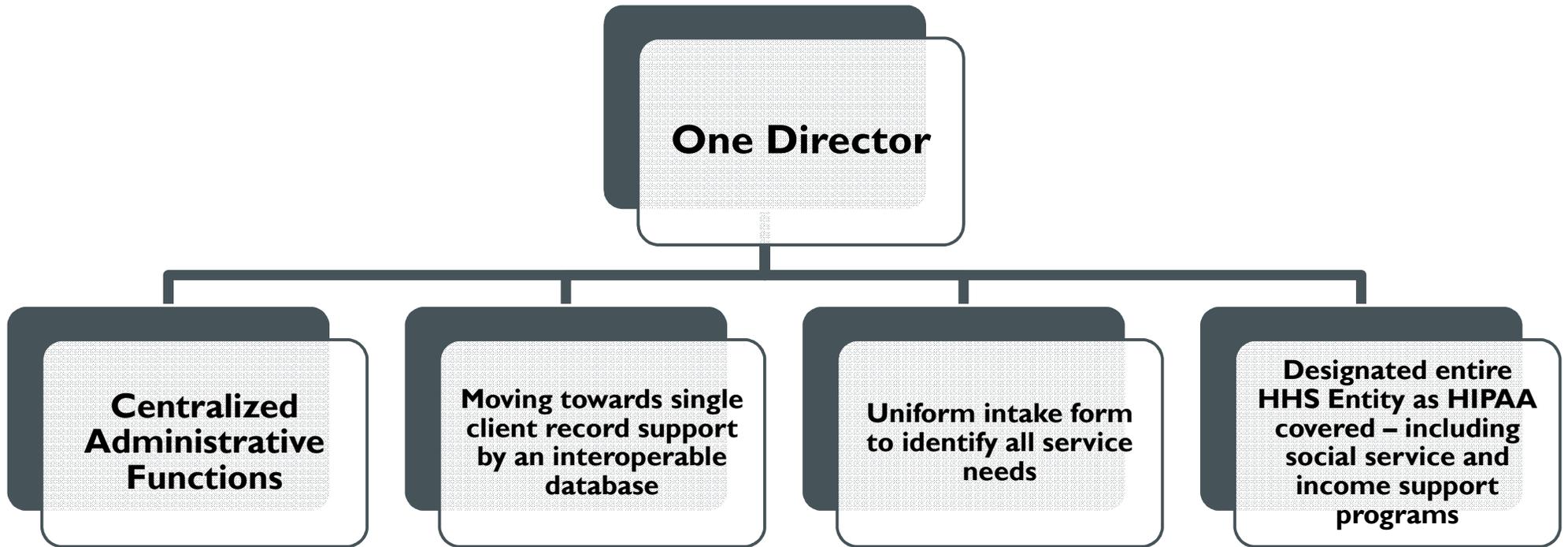
# How is DHHS Organized?

- In 1994, **four** County departments became one entity
- **Objective:** integrated, coordinated and comprehensive service delivery



*"You are so organized!"*

# How is the Department of Health and Human Services Organized?





**Department of Housing and Community Development**  
Special Needs Housing

**Department of Health and Mental Hygiene**  
Aging and Disability Services  
Behavioral Health Crisis Services  
Public Health Services  
Special Needs Housing

**Department of Human Resources**  
Aging and Disability Services  
Behavioral Health Crisis Services  
Children Youth Family Services  
Public Health Services  
Special Needs Housing

**Department of Juvenile Services**  
Children Youth Family Services

**Department of Labor, Licensing and Regulatory Services**  
Children Youth Family Services

**Department of Aging**  
Aging and Disability Services

**Department of Disabilities**  
Aging and Disability Services

**Department of Public Safety and Correctional Services**  
Behavioral Health Crisis Services

**Department of Veterans Affairs**  
Aging and Disability Services

**Governor's Office of Children**  
Behavioral Health Crisis Services  
Children Youth Family Services

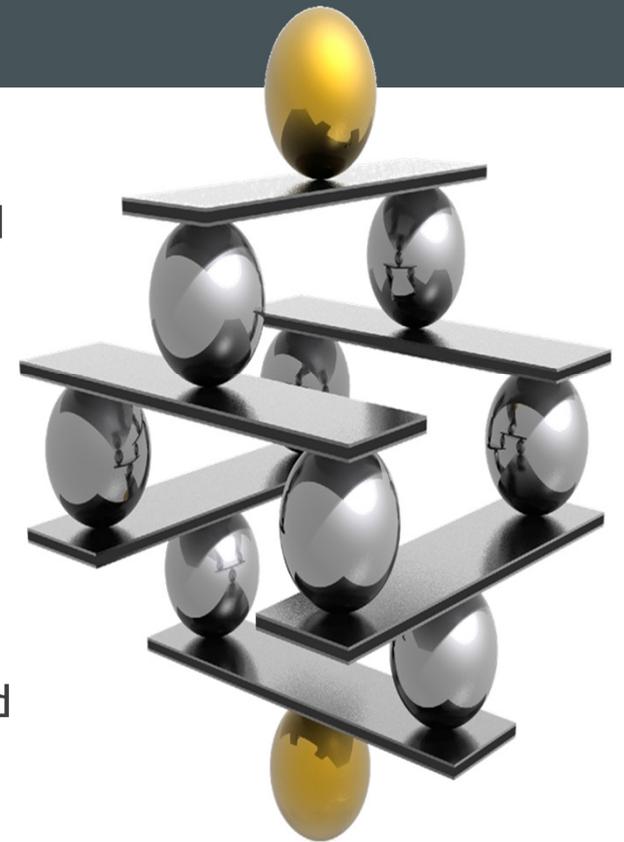
**Governor's Office of Crime Control and Prevention**  
Children Youth Family Services

**Maryland State Department of Education**  
Children Youth Family Services  
Public Health Services

**Services and Maryland State Department Connections by Service Type.**  
The Office of Community Affairs has touchpoints with all listed agencies.

# Strategy Impact on Clients.

- Improve customer experience – becoming more integrated, using technological tools to prevent clients from having to tell their story multiple times or losing their paperwork, etc.
- Improve Access to Care through Integration and Interoperability
- Apply equity lens to help mitigate disparities in outcomes and customer experience
- Move intervention further upstream, assuming that when client is in crisis, it is more expensive to stabilize them – a and intervention approach



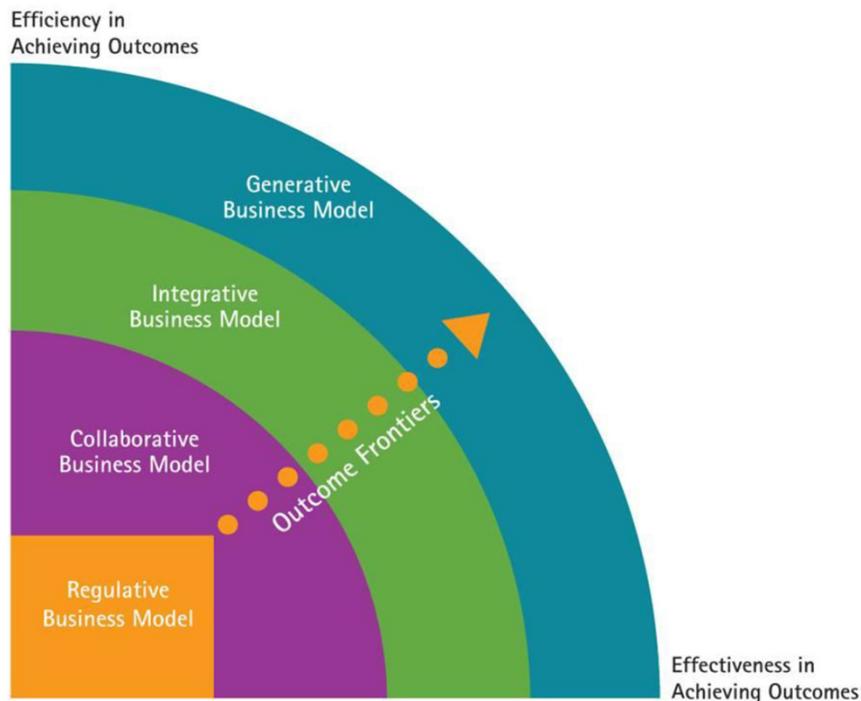


# Strategy Impact on Staff.

*Greater efficiencies from integration and interoperability.*

- Staff know that they can leverage services for clients from across the enterprise
- Staff will not have to do dual data entry
- Staff will have a master client view which will help them coordinate across services
- It will ultimately lead to a better allocation of resources based on need and capacity

# Human Services Value Curve.



Montgomery County Department of Health and Human Services has programs and services that fit in all four tiers; however, our premise is that an integrated and interoperable HHS enterprise —

1. improves customer, system and population outcomes; and,
2. drives us to achieve a generative business model around the value of integration and interoperability

Currently, our Integration Work is in a range between the 2<sup>nd</sup> and 3<sup>rd</sup> tiers on the value curve.



**DHHS**  
MONTGOMERY COUNTY  

---

Department of Health  
and Human Services

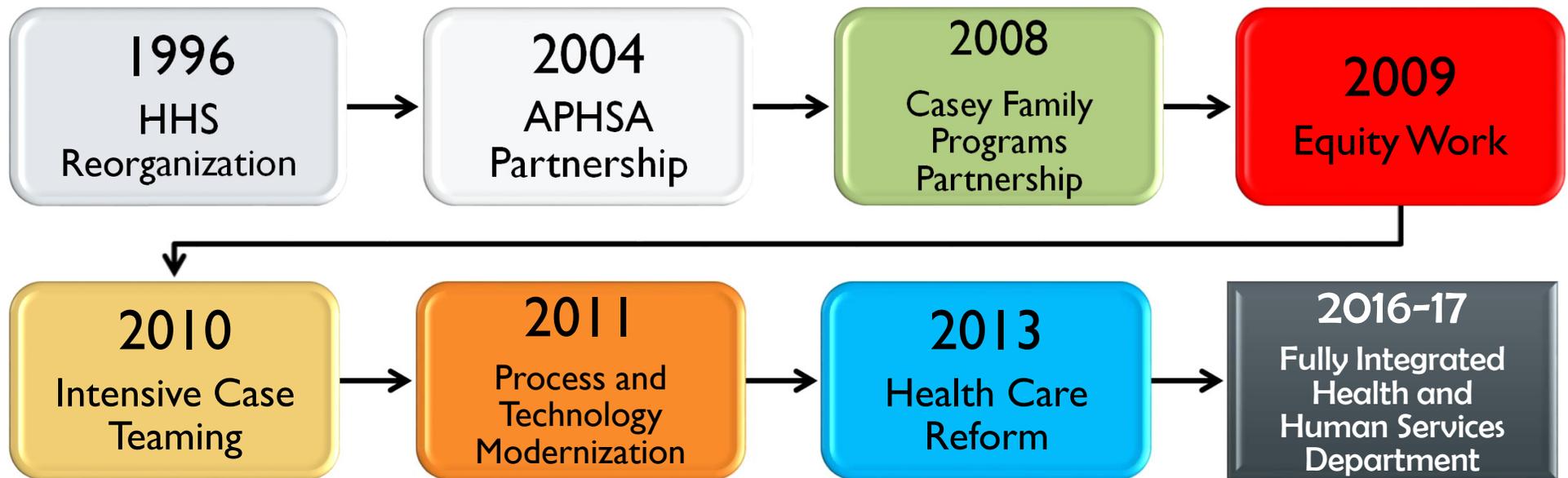
## Mission:

To promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

## Vision:

We envision a healthy, safe and strong community.

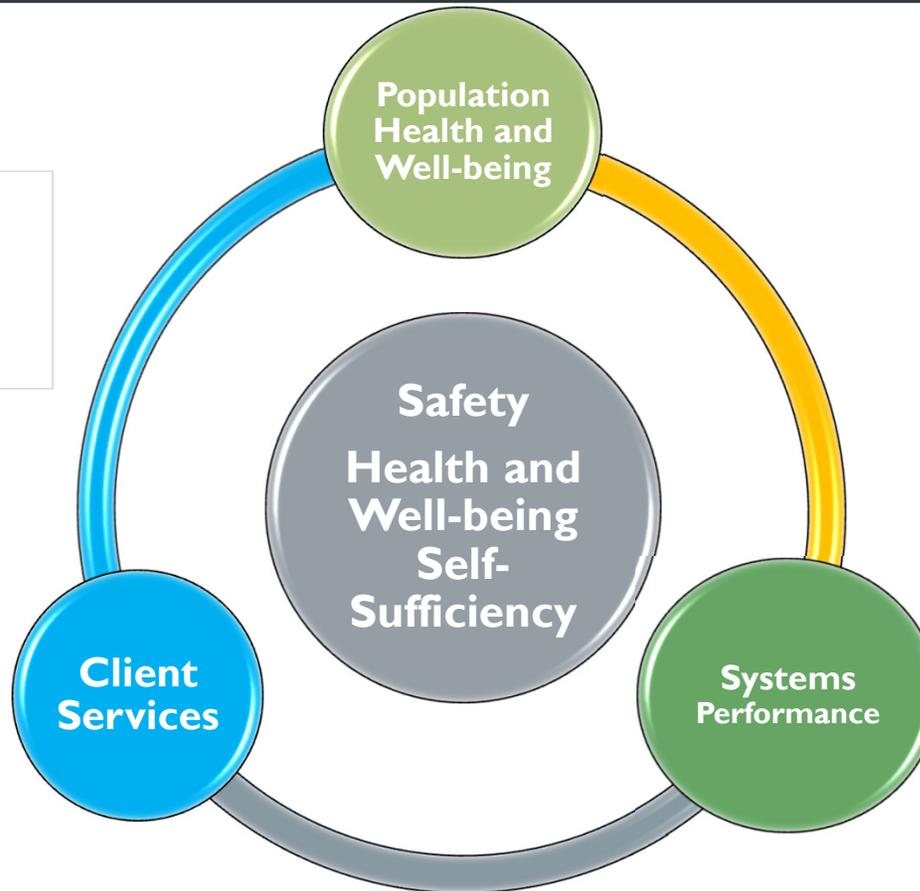
# Timeline to Transformation.



# ACTIVITIES

## Department-wide Initiatives

- Service Integration
- Technology Modernization
- Equity
- Contract Monitoring Reform
- Health Care Reform

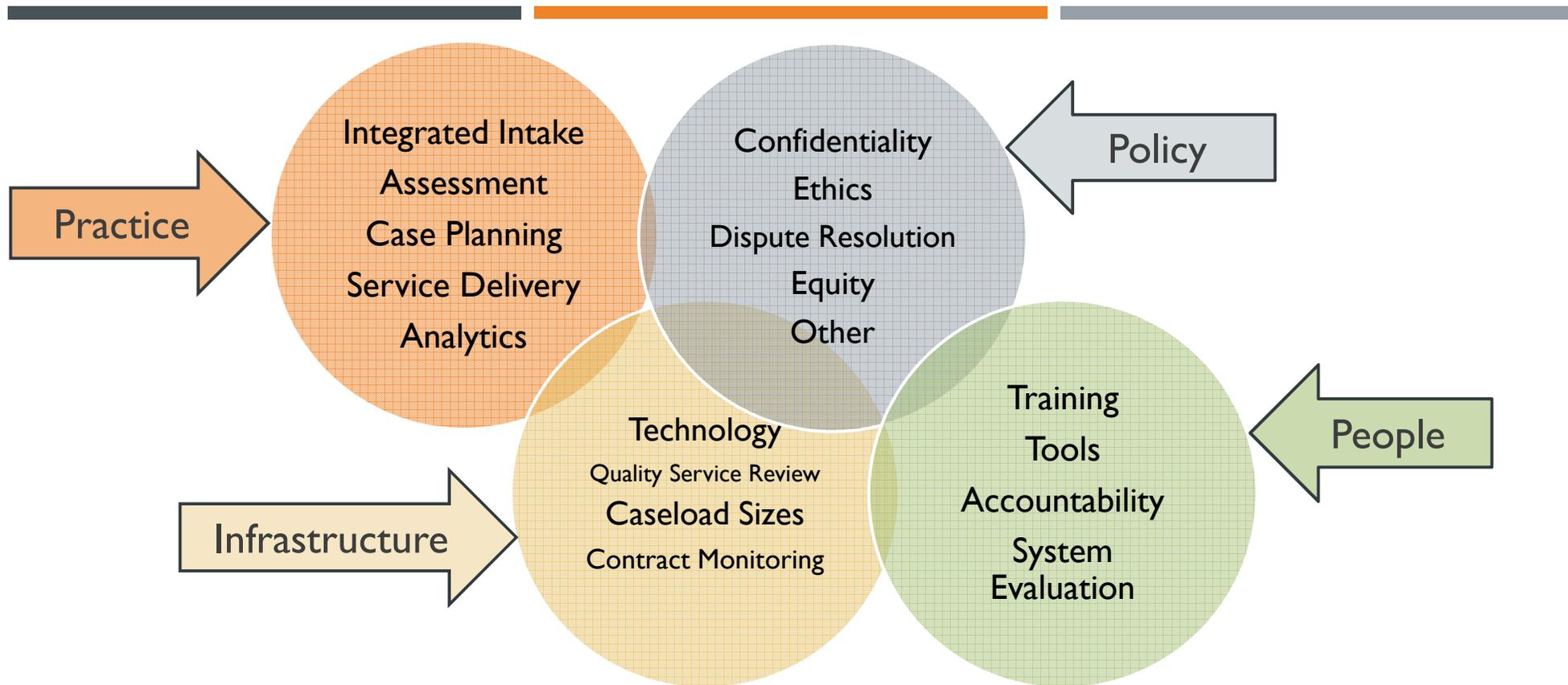


## Program Specific Initiatives

- Positive Youth Development Initiative
- Seniors' Initiative
- Senior Summit
- Housing First | 100,000 Homes; 0-2016
- Behavioral Health Integration and Restoration Center; MH Court
- Neighborhood Opportunity Network
- Integrated Eligibility
- Cluster Initiatives
- Child Care Strategic Initiative
- Linkages to Learning and School Based Health Initiatives
- Waiver Implementations
- DD Resource Coordination
- Children's Opportunity Fund
- Non.Profit Partnerships
- SQI Initiative
- Avery Road Treatment Center
- New Employee Orientation
- Equity Training and LIEED

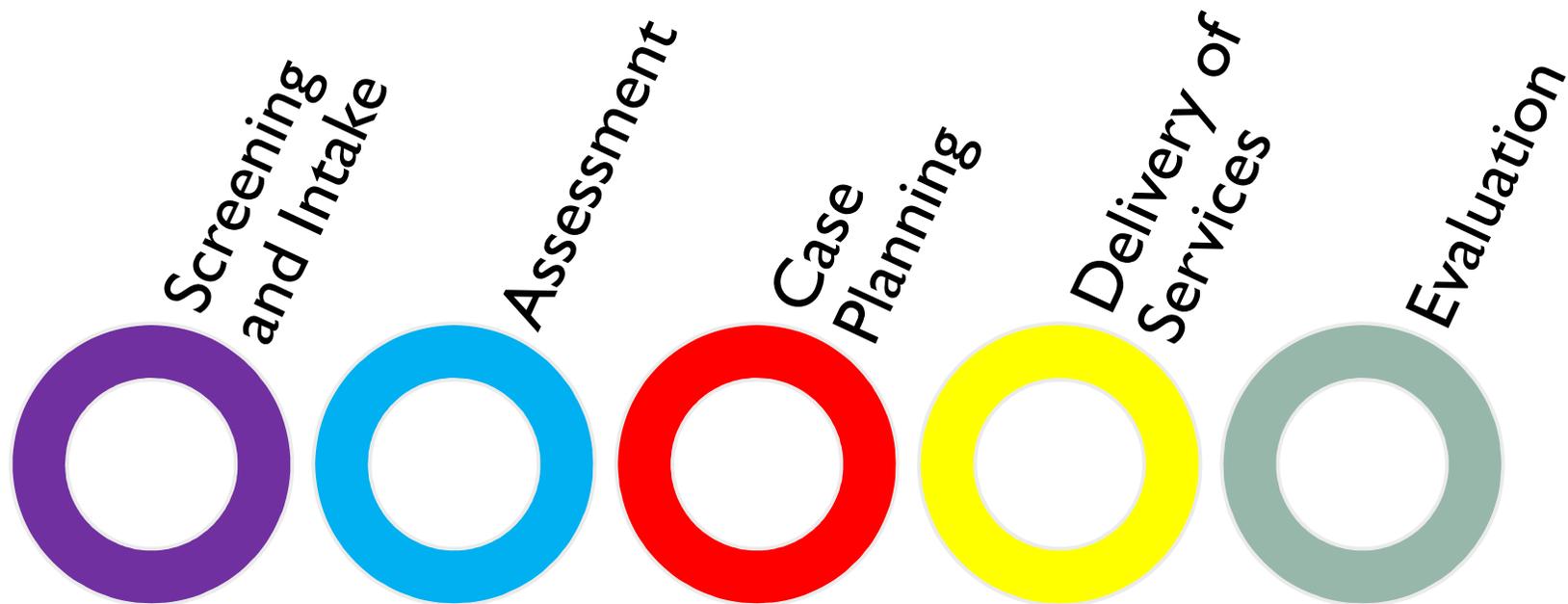
# What is Integrated Practice — the generative state?

- Response to an increasing number of clients with complex service needs that cross multiple programs and service areas within an integrated health and human services department
- Holistic approach to identifying and addressing the service needs of the whole person|family early and comprehensively
- Team approach that works to fully utilize all available resources to address problems collaboratively by sharing case responsibility between public and private partners and the client and all of their available resources

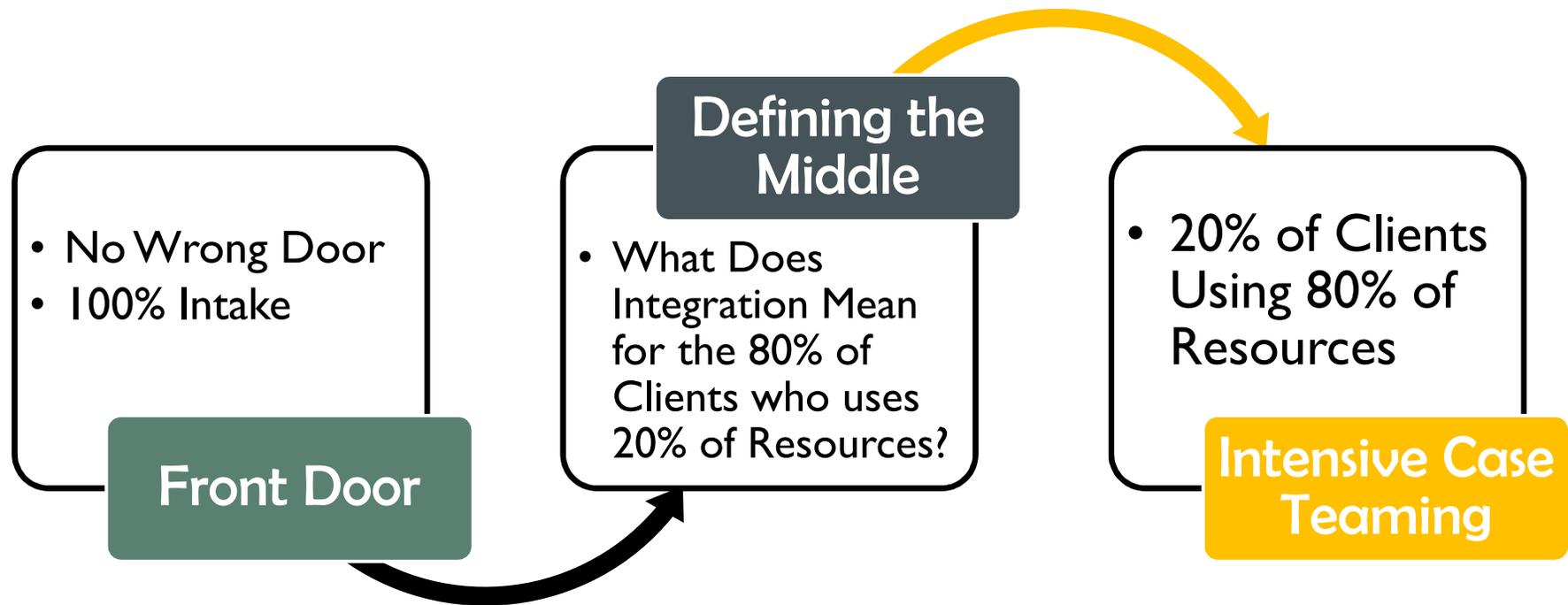


Building an Integrated Service Delivery System.

Life of a case premise — families, children and adults rarely come to us for a single service — how to coordinate care?



# Building an Integrated Service Delivery System.

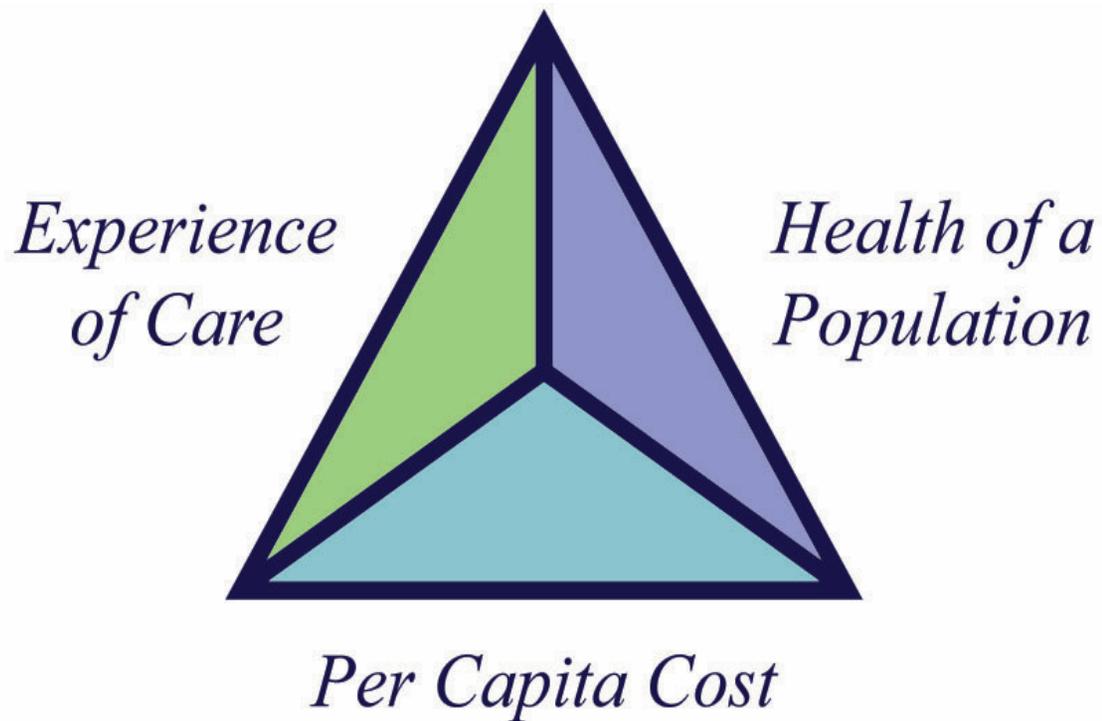




# The Medicare Waiver:

Focus on Social Determinants of Health Key to HealthCare Improvements

Payment and Delivery System Reform.



## IHI *Triple Aim*

## New Paradigm.

- *Improve the health of the population*
- *Enhance the patient's experience of care*
- *Reduce the per capita cost of care*

# Value of the All Payer System.

Helped hold  
down costs  
relative to  
elsewhere

Funds access  
to care

Transparency

Leader in  
linking quality  
and payment

Local access  
to regulators

# New Federal Agreement.



- 5 year demonstration with Medicare (CMS)
  - Effective January 1, 2014
- Focus on holding down costs
- More rewards for improving outcomes
- Encourages better team work among whole health care systems

# Key Market Forces for Integration.

- Market forces create an environment that encourages Maryland hospitals to collaborate with —
    - other health care provider organizations
    - public health entities
    - human services departments
    - community based organizations
- to focus on optimizing health and reducing hospital utilization, including avoidable admissions, readmissions, and emergency department visits.
- These key forces include
    - Maryland All-Payer Model
    - Social Determinants of Health
    - Population Health



## Maryland All-Payer Model

(As of January 2014)

- Shifts hospital payment from a regulated fee-for-service payment system to a global budget payment system — total hospital revenue is prospectively set by the state hospital rate setting commission.
- Hospitals are incentivized to work with competing health systems and in non-traditional community partnerships to prevent avoidable hospital utilization and reduce total cost of care.

## Maryland All-Payer Model Goals

Limit  
Annual  
Cost Growth  
3.58%

Save  
Medicare  
\$330  
million

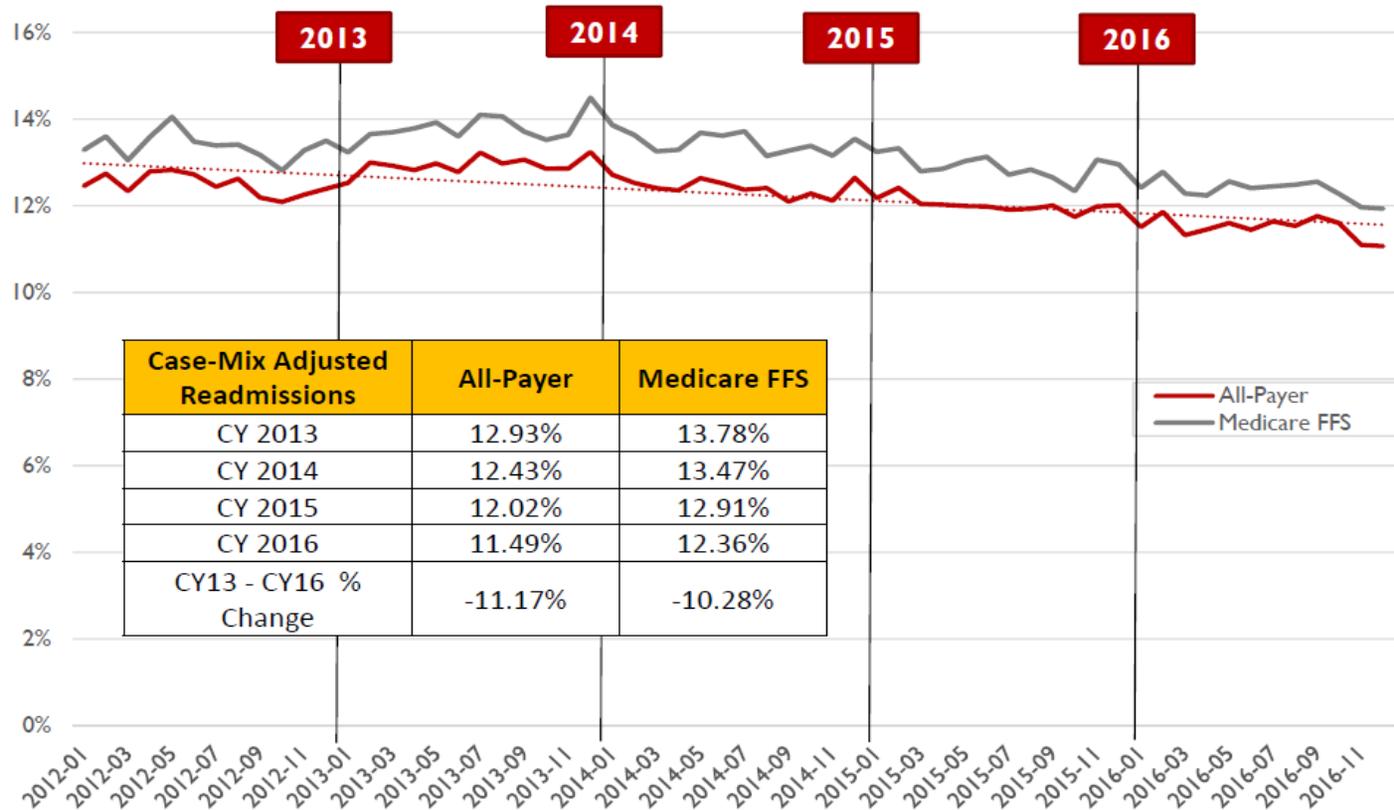
Lower 30-Day  
Readmissions  
to U.S. Rate

Reduce  
Hospital-  
Acquired  
Conditions  
30%

Shift to  
Global  
Payment

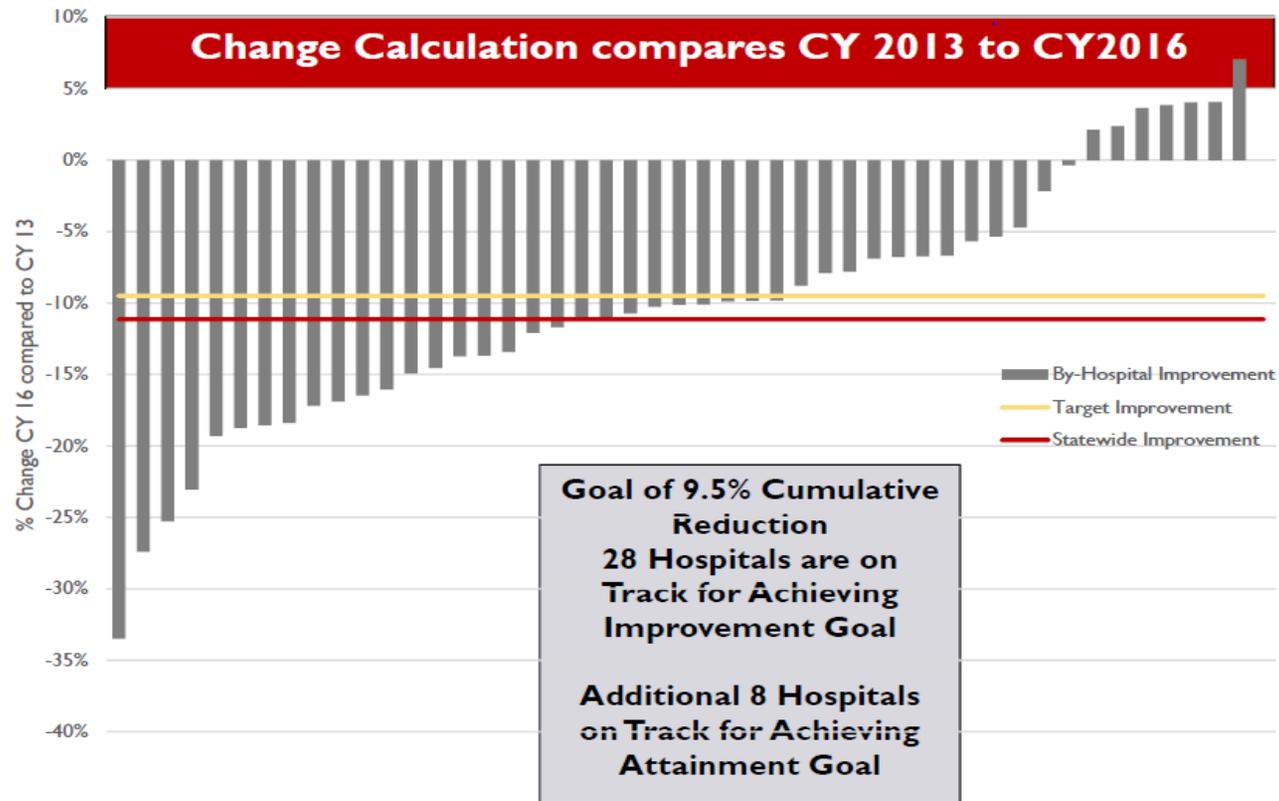
Report on  
Population  
Health

# Monthly Case-Mix Adjusted Readmission Rates



Note: Based on final data for January 2012 – Sept. 2016, and preliminary data through December 2016.

# Change in All-Payer Case-Mix Adjusted Readmission Rates by Hospital



Note: Based on final data for January 2012 – Sept. 2016, and preliminary data through December 2016.

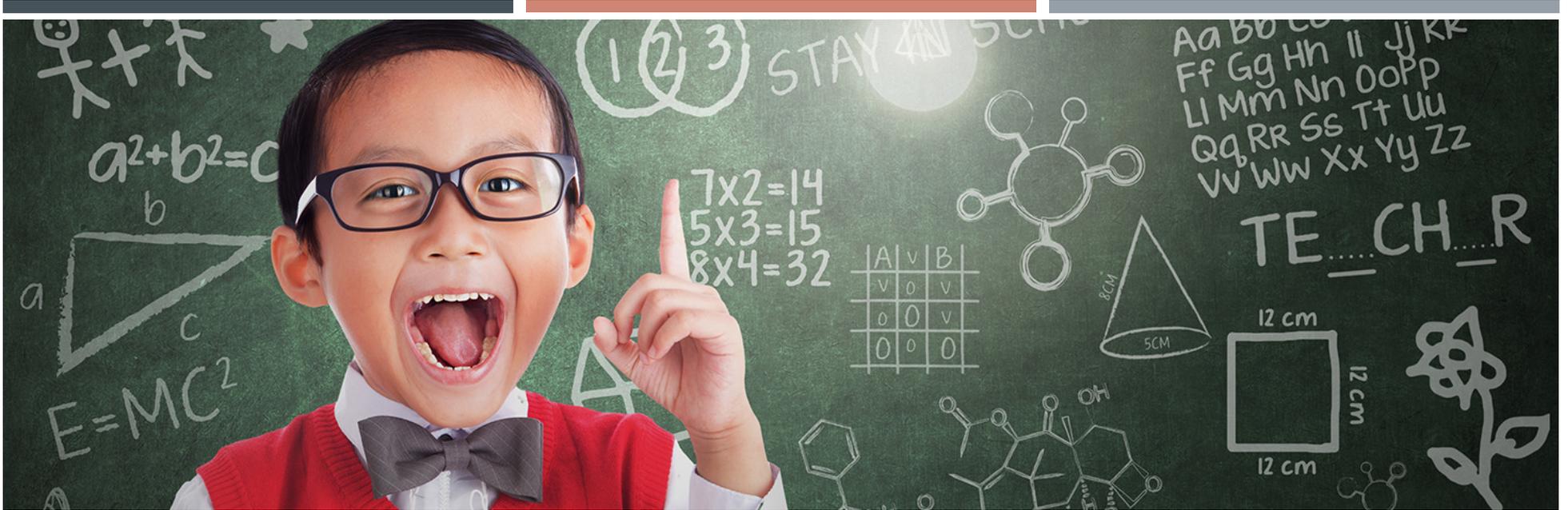
# Nexus Montgomery — A Regional Partnership: Our local initiative to support the waiver.

- A collaboration among 4 hospital systems (6 hospitals) in Montgomery County, Public health and community-based organizations with the goal to reduce unnecessary hospital use, including readmissions, by connecting people to timely and appropriate community-based care and services
- Designed to serve at-risk populations
  - Medically frail
  - Medicare Seniors age 65+
  - Individuals with severe mental illness, and
  - Uninsured in need of specialty care
- Through a Management Entity, the 6 hospitals share infrastructure funds, staff resources, and data, as well as collectively coordinate with providers, community-based organization, and public health entities to develop common interventions and projects

# Nexus Montgomery: Four Programs to Meet Goals.



- **Wellness and Independence for Seniors at Home (WISH):** Stabilize health of older adults to keep them out of the hospital
- **Hospital Care Transitions (HCT):** Improve transitions from hospital-to-home so people do not end up back in the hospital
- **Project Access (PA):** Connect uninsured people to specialty care to reduce likelihood of re-hospitalization
- **Capacity Building for Severe Mental Illness(SMI):** Expand and strengthen community based resources for people with severe mental illness



# Observations and Lessons Learned.

# Roles in a State — Local Partnership.

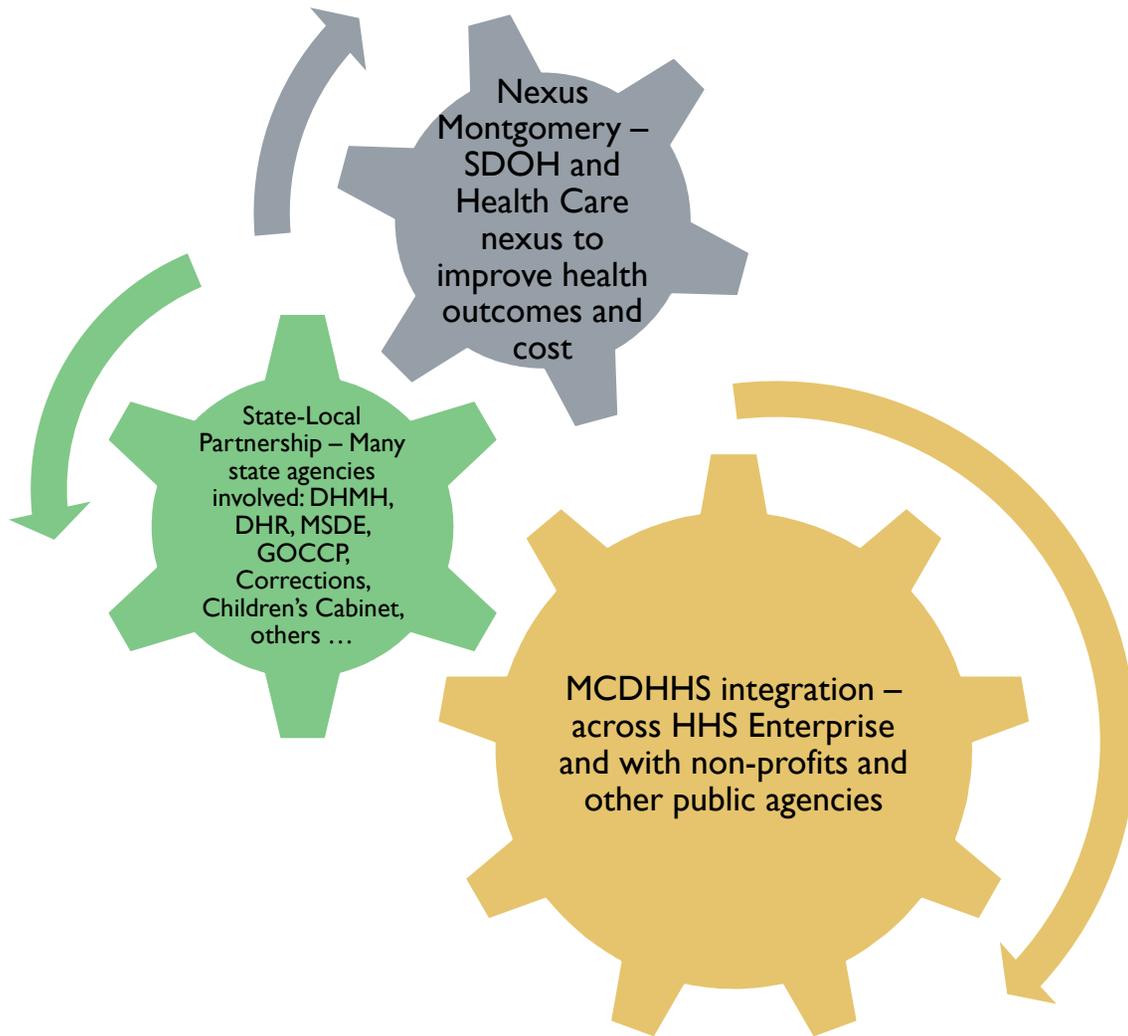
## Role of State

- Create friendly policy environment that supports enterprise wide HHS integration
- Facilitate development of a favorable regulatory, funding and infrastructure environment
- Listen and respond to the locals when they identify barriers to be eliminated
- Get out of the way!

## Role of Local Agencies and Community

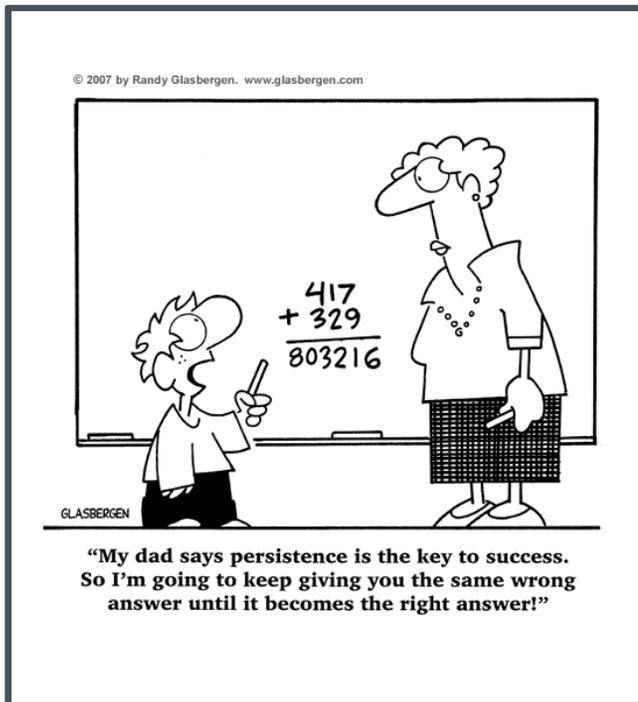
- This is where all the action is – Consumer, provider and the service continuum is local
- Integration is most promising locally because the scale and spread are smaller and more manageable
- Local relationships are stronger and tend to be longer lasting due to longer tenure of partners
- Innovation is most successful where scale is manageable and trust among partners leads to greater risk taking
- Value the state role. Without state support, local integration efforts will be stymied



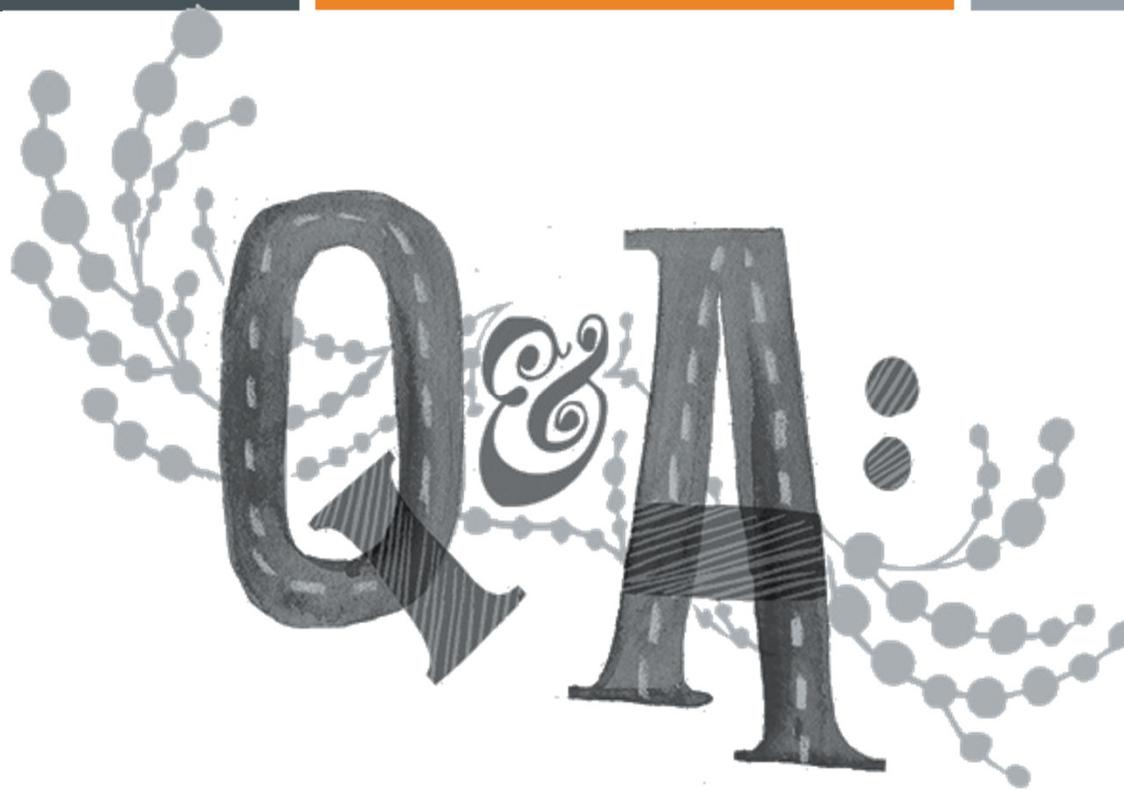


The Cogs  
and Gears  
from all  
initiatives  
must be  
aligned.

# Success of integration assumes the following:



- There is a clearly articulated practice vision
- Social Determinants Of Health and Health Determinants Of Social Services are both clearly identified and tracked as part of the integrated practice model
- The clearly articulated integrated practice model is supported by a responsive data sharing, and well balanced confidentiality and privacy practices policy environment
- Technology is an enabler that supports the practice model but not the driver of the service delivery system
- Change management efforts with the workforce and partner engagement will be significant challenges – they need constant care and feeding –
- Most effective and boldly innovative change efforts happen locally. State role is that of a policy leader and enabler of the integration efforts



Uma S. Ahluwalia, Director

Montgomery County Department of Health and Human Services | 401 Hungerford Drive, 5<sup>th</sup> Floor | Rockville, Maryland

(P) 240.777.1266 | (E) [uma.Ahluwalia@montgomerycountymd.gov](mailto:uma.Ahluwalia@montgomerycountymd.gov)