

**A CASE FOR CHANGE:
CONDITIONS REQUIRING REDESIGN OF THE
HEALTH AND HUMAN SERVICE SYSTEM**

Placer County- April 2003

- Placer County began the journey in systems change and structural redesign in 1988, when the SMART Policy Team was created to jointly administer cases entering the juvenile court system. The initial collaborative included juvenile court, probation, child welfare and mental health services. This was the first serious review of the system, formulating preliminary conclusions regarding the limitations of the county's children's service system and first attempts in redesign.
- Placer County - SMART, recognizing the limitations of delivering comprehensive case services through staff housed and directed by separate administrations in separate service systems, began looking for a means to co-locate and better integrate staff from the partner service systems. In 1994, SMART acquired funding through the State Department of Mental Health, AB-3015 System of Care initiative, State Family Preservation. Using these grant funds, staff from Child Welfare Services, Mental Health, the County Office of Education, and Probation were re-assigned from their separate systems to a single site known as the Placement Prevention, Intervention Collaborative (PPIC). The PPIC mission was to prevent out of home placement by providing comprehensive services to children and families.
- In 1995 the county also elected to merge the Departments of Welfare, Health and Community Services into the single Department of Health and Human Services. The decision to create this new department was based on administrative simplification, combining services that served similar populations and improving services to children, adults and families. Established comprehensive outcomes screening tools that supported that all children and families will be "Safe, Healthy, At Home, In School, Out of Trouble and Economically Self-Sufficient."
- Due to the success of the pilot collaborative known as Placement Prevention Intervention Collaborative (PPIC), the county chose to implement a full-scale redesign of children's services. The entire child welfare, children's mental health and children's substance abuse services were combined with portions of juvenile probation, community health and Office of Education foster youth services, to form the Children's System of Care.
- The ability for Placer County to pursue such an ambitious initiative is due to three major factors: leadership, long-term county relationships/partnerships, and support/commitment from key state directors to pursue redesign. The Department Head, Raymond Merz, and many of the Division Directors and Managers had been in county services for 15+ years, formulating excellent working relationships and observing the dysfunction of the categorically driven system. There was general consensus on the part of HHS Management and Supervisors to pursue redesign projects and other workaround efforts, such as a universal intake form, centralization of administrative practices (if it made sense) and other service integration projects.
- The initial decision to pursue redesign was driven by simplification of administrative requirements, improvement of service provision and improvement of overall outcomes/results for children and families entering the system. There was also a potential financial incentive to be able to re-invest potential savings into prevention or early intervention services.

The following table summarizes the conditions that exist as a categorical system and the proposed goals and conditions of a redesigned system. Placer County continues to look for redesign opportunities to improve its service delivery system by working in collaboration with both public and private non-profit community based agencies; transforming the system into a comprehensive, integrated and family centered learning organization. The following goals of redesign represent "ideals" that may be difficult to fully attain, however, it provides vision and guidance for long term redesign efforts. Placer County has made

significant progress in many, but not all, of the following areas. The major barriers continue to be driven by State and Federal categorical requirements for financial and service documentation and compliance.

The Current Categorical System....	The Redesigned System....
<p>Children, adults and families engaged with multiple agencies have a difficult time understanding how to access the needed services and manage the multiple and often redundant requirements.</p>	<p>The system is responsible for providing multiple services in a coordinated and integrated manner; simplifying access to the family and reducing the multiple requirements and confusion.</p>
<p>Service provision is categorical, narrow and uncoordinated with other agencies. Services requirements may be in conflict, placing families in confusion and contributing to negative outcomes.</p>	<p>Service provision is coordinated, comprehensive and holistic guided by a single plan addressing comprehensive outcomes. Highly cross-trained and interdependent staff, working together, communicating and coordinating their efforts in the best interest of the child and family.</p>
<p>Planning is short term, isolated, categorical or non-existent; usually highly prescribed by the state or federal control agencies. State planning is highly politicized, confined to the term of the elected officials and appointees. No long- term vision, mission or redesign initiative is supported.</p>	<p>Planning is comprehensive and cross-system, recognizing that decisions in one agency may have significant impact on other agencies. State and county officials are committed to a long- term vision of system improvement and redesign; efforts transcend term limits.</p>
<p>Example: Child protection is the sole responsibility of the Child Welfare System and Law Enforcement. Although rules exist for mandated reporting, agencies and staff generally view CWS as problematic and not helpful to children and families.</p>	<p>Child protection is the responsibility of the entire community. Stakeholders develop functional partnerships to effectively respond to the needs of children and families. There is great appreciation for the roles of the various agencies.</p>
<p>Services and funding are focused on “deep end” level, i.e., after the child/family has accumulated and major problems requiring emergency response, longer-term assistance and other expensive services. Prognosis is poor in many cases.</p>	<p>Prevention and early intervention are woven into all aspects of the service system. Children/families are able to access assistance in a timely manner, not having to wait for their problems to reach the “emergency, acute or chronic” level. Prognosis is good.</p>
<p>Many case management and service access approaches are adversarial in nature. Examples include CWS court process; Mental Health services for students with learning disabilities; Cal Works for sanctioned populations; forensic substance abuse services.</p>	<p>Services and case management activities are family centered in their approach, i.e., families are treated with respect and included in service planning as equal partners; families strengths and assets are recognized and supported as significant contributions to solving their own problems.</p>

The Current Categorical System...	The Redesigned System...
<p>Data and software systems are categorical, narrow and do not communicate with each other. Families involved in multiple aspects of the system must repeat intake functions and historical information. Multiple agency staff may remain unaware that others are working with the family. State and County planning utilizing good data is not possible.</p> <p>Data is not available at the neighborhood or community level</p>	<p>Data is available and accessible in a cross-system environment. While certain data protection strategies must be implemented for the purposes of confidentiality, agencies and their workers are able to better serve the family. State and County are able to plan utilizing a more comprehensive data set. Data is disaggregated to the community and neighborhood levels for planning purposes.</p>