

**PLANNING FOR THE FUTURE -
IMPROVING ROCKLAND
COUNTY'S DELIVERY OF
HUMAN SERVICES
FINDINGS AND RECOMMENDATIONS**

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May, 2005
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*Research to drive informed decisions.
Expertise to create effective solutions.*

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FINDINGS AND RECOMMENDATIONS

May, 2005

PROJECT OVERVIEW

In early 2004, Rockland County engaged CGR (Center for Governmental Services Inc.) to conduct a comprehensive analysis of its major human services departments and provide recommendations to improve the efficiency and effectiveness of the delivery of County services without diminishing the quality of those services.

CGR conducted extensive research and developed proposed recommendations, but the involvement of County staff was critical to the success of this project. A 25-member Task Force comprised of key staff from both human services and central administrative departments worked with CGR throughout the project. This report, therefore, reflects the best thinking from a collaborative effort between consultants with experiences from outside the County and County staff who respond to the day-to-day realities of the needs of the Rockland community.

This report presents ten primary recommendations and thirty-five related action steps. These will help the County provide customer-focused, efficient and effective human services over the next five to ten years, recognizing the significant challenges posed by changing demographic trends and the need to live within tight fiscal constraints. Rockland County can meet these challenges by making some changes to its organizational structure, improving the management of information across departments, and coordinating and integrating services to individuals within the support structures of families and other community resources.

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CGR would like to acknowledge and thank the over 340 individuals, both County staff and community stakeholders, who gave generously of their time to meet with us, offer suggestions, and provide the foundation on which to build our recommendations. We are particularly grateful for the active participation, lively debates, and thoughtful collaboration provided by members of the Task Force. Task Force members were:

Central Administrative Operations

Susan Sherwood, Rockland County Deputy County Executive
Robert Bergman, Commissioner of Finance
Chris Kopf, First Deputy Commissioner of Finance
Paul Brennan, Director of Purchasing
Laurie Rindskopf, County Human Resources Coordinator
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Jan Jason, Assistant to Commissioner and County Liaison to CGR

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Kathy Henry, Public Health Administrator
Ron Hansen, Director of Fiscal Operations

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Janet Talley, Deputy Commissioner
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Kevin Zebrowski, Constituent Representative

Nicole Doliner, Fiscal Analyst

Labor Union Representatives

Tom Micelli, RAM

Georgia Gentile, CSEA

We offer special thanks to Jan Jason, Assistant to the Commissioner of DSS. Jan provided the administrative glue that held the project together by scheduling meetings, creating communications links, and graciously handling all the other tasks that are required to make a project like this run smoothly.

Staff Team

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EXECUTIVE SUMMARY

Impetus

In June, 2003, Rockland County issued a Request for Proposals seeking a consultant to conduct “a comprehensive analysis of its human services departments to determine efficiency and effectiveness as a unified and integrated system” and to “provide recommendations and advice based on research and knowledge of the services targeted without diminishing the quality of our services.” After a thorough review of proposals received, the County engaged CGR (Center for Governmental Research Inc.), and initiated the project in April 2004.

A Collaborative Approach Using a Task Force

A critical element of CGR’s approach to this project was to engage a broad cross-section of key County staff in the process of identifying the challenges facing the County and the opportunities for improvement. To this end, the County created a 25-member Task Force to work collaboratively with CGR throughout the project. The Task Force included: the Deputy County Executive; leadership and senior staff of the Departments of Social Services, Health, Mental Health, and Probation (the four departments included in this study); senior staff from Finance, Purchasing, Management Information Systems, and Human Resources Departments; and representatives of the employee unions and the County Legislature. The findings and recommendations in this report were reviewed by and reflect the consensus approval of the Task Force.

Project Objectives

CGR’s project objectives were four-fold:

- ❖ Review the current organization and operations of the Departments of Social Services, Health, Mental Health, and Probation;
- ❖ Identify major issues and opportunities to improve efficiency and effectiveness within these operations;
- ❖ Identify improvements to make systems and approaches more integrated; and
- ❖ Ensure that improvements are consistent with the desire to create a customer-focused delivery system.

CGR developed its project work plan to address each of these objectives.

Project Work Plan

The project consisted of two phases, each one taking approximately six months to complete.

Phase 1 – Problem Identification

Phase 1, the Problem Identification phase, started with the initial project meeting with the Task Force in April, 2004 and continued until CGR presented an interim report to the Task Force in September. During this phase, CGR reviewed the operations and organizations of each department. We also carried out an extensive stakeholder input process – involving over 340 individuals – to obtain diverse perspectives on barriers to effective and efficient service delivery, strengths to build upon, and suggestions for improvement. This included conducting individual interviews with 88 people, including senior level County staff and a cross-section of community stakeholders, and holding group interviews and receiving responses from 252 line staff in the departments -- approximately 25% of the staff in the four departments.

Based upon this research, CGR presented its interim report to the Task Force which identified the current strengths and opportunities for improving how human services are delivered by the four departments. The Task Force used this information to select priority issues for CGR to focus on during the solution development phase of the project. In setting priorities, the Task Force emphasized focusing on issues with the most potential to address the objectives of the study and benefit from CGR's expertise, neutrality, and objectivity.

Phase 2 – Solution Development

Between October 2004 and April 2005, CGR conducted additional research and developed recommendations to help the County move forward in meeting its objectives. To inform our work, the Rockland County Executive invited officials from New York State Department of Health, Office of Alcoholism and Substance Abuse, Office of Temporary and Disability Assistance, Office of Children and Family Services, and Division of Probation and Correctional Alternatives to a roundtable discussion with the Task Force in January 2005. The State agency representatives shared information and perspectives about strategic challenges facing their departments, anticipated changes that should be factored into

Rockland County's improvement plans, and promising cross-departmental approaches. At the roundtable, State agency representatives universally recognized the need to break down the traditional "silo thinking" that has been fostered by the way the State has been organized and indicated support for counties willing to experiment with new organizational structures and cross-system approaches to meeting client needs.

CGR presented a draft report of its findings and recommendations to the Task Force in March 2005. The Task Force held a final meeting in April to review and discuss revisions to the draft and, through a consensus process, endorsed the recommendations included in this report.

Key Context Issues

Since this project focused on identifying improvements for the future, it was important to understand what currently drives demand for services, and what trends can be expected to affect demand in the next five to ten years. There are several key factors to consider:

- ❖ Rockland's overall population is growing, and is projected to continue growing. Between 2000 and 2003, the County grew by 2.2%, double the rate of the rest of the State. The County's population in 2003 was 292,989, which already exceeded the 2010 projection made in 2001
- ❖ In 2000, 19% of Rockland's population was foreign born.
- ❖ The fastest growing segment of the population, by far, is going to be residents aged 60 or over. In 2000, persons over 60 represented 16.2 % of the total population. In 2010, persons over 60 are projected to be 20.3% of the population.
- ❖ Rockland has a wide variance in poverty rates within the County. While most communities have very low poverty rates, there are clearly a few communities with high poverty rates, primarily in the areas of Haverstraw/West Haverstraw and Spring Valley/Monsey. These are also areas with higher population density and higher ratios of foreign born residents.

These factors, along with the geographic characteristics of the County (a small land area but relatively diverse population with no

central high density urban core), help explain the challenges facing the County's human services departments.

Priority Service Issues

At the conclusion of Phase 1 of the project, the Task Force identified six priority issues that should be addressed in order to provide better service to clients and make department operations more effective and efficient:

- ❖ The County's desire to deliver customer focused services is hampered by the existing organizational structure;
- ❖ There is a lack of coordination when an individual or family is served by multiple programs;
- ❖ The County could more effectively partner with community agencies;
- ❖ Similar administrative functions are being carried out by multiple departments or units within departments;
- ❖ The County's evaluation system for both County operated and contracted programs could be strengthened; and,
- ❖ Departments have limited ability to access and exchange information.

Framework for the Recommendations

CGR developed its recommendations to respond to the priority issues identified by the Task Force. CGR also used a set of guiding principles as a framework to ensure that the recommendations achieved the primary objectives for the project. The guiding principles were that recommendations should help the County become more:

- ❖ ***Customer focused*** - by creating services that are easy to access, coordinated and family focused, and responsive to the unique cultural backgrounds of clients.
- ❖ ***Efficient*** – by reducing duplication of administrative services, developing strategic partnerships to cost-effectively deliver services, and creating opportunities to creatively deploy staff to respond to changes in demand.
- ❖ ***Effective*** – by improving the ability to comprehensively plan and implement system improvements, enhancing communication and

coordination among departments, and making greater use of data and performance outcomes.

Recommendations Overview

CGR's ten primary recommendations identify ways the County can address the context and service issues outlined above. The recommendations fall into three categories:

- ❖ ***Organizational Improvements.*** While CGR does not recommend fundamentally restructuring the existing four departments, we do recommend several organizational changes to strengthen leadership and direction setting for health and human services, improve the alignment and interface between and among departments, and reduce duplication.
- ❖ ***Service Response Improvements.*** A key challenge for the County has been, and will continue to be, how to improve the coordination and integration of services to individuals within the support structures of families and other community resources. CGR recommends several strategies to systemically address this challenge. CGR proposes that the County amplify its commitment to serving core populations by forming two “clusters”: one focused on children, youth, and families and the other on adults and older adults. Several recommendations are based on having County staff reorient their approaches to provide more integrated and cost-effective services within this cluster framework. In addition, CGR believes that the County should continue to push for the co-location of services provided by different departments to the same client population, either within the same building or in close proximity to one another, specifically in communities with high poverty rates.
- ❖ ***Information System Improvements.*** Clearly, the County would benefit from creating an integrated database where human services departments and partner agencies could access basic core information and track clients through the various service subsystems. In addition, CGR recommends that the County better manage contracts with human service agencies to achieve economies of scale and improve contract performance measures.

Ten Primary Recommendations

CGR presents ten primary recommendations to improve the organization and delivery of human services in Rockland County:

1. Establish an Assistant County Executive for Health and Human Services

Health and human services (HHS) functions represent almost half of the Rockland County budget. The four departments included in this study, plus the Office for Aging and Youth Bureau total 41% of the staff and 47% of appropriations in the County's 2005 budget. An Assistant County Executive with line authority over HHS commissioners and directors would provide the high level attention needed for the coordination of these functions and the oversight required to drive cross-departmental integration and ensure implementation of organizational and service delivery improvements. The Assistant County Executive must be highly qualified, knowledgeable, experienced, and respected in the field to effectively carry out these important responsibilities.

2. Form a Health and Human Services Cabinet

CGR recommends the establishment of a Health and Human Services Cabinet that would include the commissioners and directors of Social Services, Health, Mental Health, Probation, Hospitals, Aging and Youth, and be chaired by the Assistant County Executive. The Cabinet would meet regularly to set direction and address cross-system program and fiscal issues. A major first year priority for the Cabinet would be ensuring successful implementation of recommendations contained in this report. The Cabinet would provide leadership and active oversight for actions that require an integrated response across departments, and would assign staff and secure resources to design and implement new policies and approaches.

3. Create Two Clusters to Focus on Multi-Disciplinary Approaches to Serving Clients

CGR recommends that Rockland County adopt a cluster approach to help reduce the current departmental "silo" orientation and focus on core populations served by the County. Two clusters should be formed: a 'children, youth and families' cluster and an 'adults and older adults' cluster. Depending on their mission, County programs would organize their service strategies to be aligned with one of these clusters. This cluster approach can be implemented without changing the existing structure of HHS departments, although over time the County may find that actual structural re-organization may enhance the cluster service model.

Using the cluster framework, the County would enhance its ability to conduct interagency, population-focused planning and develop a continuum of quality services across departments. In addition, where cluster programs serve mutual clients and have highly

related missions, the County should seek to develop co-located service delivery approaches. The County should also use clusters as a vehicle for organizing staff training and development to improve networking and cross-fertilization among staff in different departments who are serving the same populations.

4. Re-align Programs within DSS to Be Consistent with Cluster Focus

Three programs in DSS should be moved within the current DSS organization structure to align those programs with the cluster concept and increase the opportunity for coordination among programs that are functionally related. CGR recommends transferring the Adolescent and Special Services Unit to Family and Children Services, the Medical Transportation Unit to Adult and Specialized Services, and the Child Care Subsidies Unit to Assistance Programs. In addition, CGR suggests that DSS self-sufficiency and assistance programs participate in both clusters because they provide essential supports to children, youth, and families and adults and older adult populations.

5. Institute Care Coordination Teams for Complex, High Need Cases

A clear priority that emerged through this project was the need to better serve individuals or families with complex situations that are frequently involved with multiple departments. In response, CGR recommends that the Cabinet use available data to identify and target high need and/or high cost populations for care coordination teams. The teams should be responsible for developing a coordinated service plan and integrating roles and responsibilities of the various departments, with the ultimate goal of improving outcomes and reducing the need for expensive interventions. Teams should include the individual or family, involved service providers, and informal supports and operate using strength-based, family-focused principles. The County should track resources and outcomes for those served by care coordination teams and the cabinet should advocate for reinvesting local share savings in service enhancements.

6. Create Rockland Service Centers as an Integrated "Front Door" to Services

Currently, services using County HHS staff are provided at thirteen different satellite facilities in addition to the Yeager Health Complex. The existing thirteen sites are clustered in the Monsey/Spring Valley, Haverstraw, and Nyack communities. CGR recommends that the County consolidate and reconfigure its satellite offices to provide an integrated "front door" to health and

human services, particularly in the high need/high density centers of Monsey/Spring Valley and Haverstraw.

The desired model would be to locate satellite services in one building, or adjacent buildings in an area, to create “one-stop shop” Rockland Service Centers. To simplify access for clients living in the community, Centers should provide: information and referral; initial intake and scheduling for clinical assessments; eligibility determination for entitlement and means tested programs; and access to comprehensive screening and care coordination teams. The co-location of staff at Rockland Service Centers would create opportunities for improved communication and coordination. Integrated functions at the Service Centers (e.g., information and referral, initial intake) would promote cross-training and flexible deployment of staff.

The County should pilot the Rockland Service Center concept in Monsey/Spring Valley, building off initial plans to co-locate DSS and DOH services at a location in this area. Future consideration should be given to establishing a center in Haverstraw.

7. Establish a Coordinator for Strategic Partnerships

CGR recommends that the County establish a Coordinator for Strategic Partnerships to better utilize community providers and deliver cost-effective services to Rockland County’s increasingly diverse population. Compared to other counties of its size, Rockland County government operates more services directly rather than through community agencies, particularly in the area of mental hygiene services. The Coordinator would report to the Assistant County Executive and work with the HHS departments to determine where community organizations could more effectively reach and serve clients.

The Coordinator should also lead HHS improvements in contracting. The County does not currently maintain a single database which tracks the contracts maintained by HHS departments, but the Coordinator should assume this responsibility. By analyzing information contained in several databases, CGR discovered that, in 2004, for contracts greater than \$1,000, the departments spent \$52.9 million with 225 different contractors who provided services to clients. Thirty-seven contractors (16% of the total) were used by more than one department, and those thirty-seven contractors accounted for

\$25.9 million, or 49% of the total spent with all contractors. Using a single database, the Coordinator could supply information to the Cabinet and identify strategies to coordinate contracts and leverage the County's volume of business with various contract agencies. In addition, the Coordinator should work with the departments to develop and adopt a standard, simplified approach to contracting that includes outcome-focused performance measures.

8. Create a Consolidated HHS Administrative Team

CGR recommends that the HHS departments review options for consolidating certain administrative functions: payroll, billing, accounts payable, purchasing and transportation. The implementation of the new PeopleSoft fiscal management software will standardize the routine administrative functions; therefore, creating a central administrative unit for all HHS departments will further enhance efficiencies by creating the opportunity to cross-train and more effectively utilize staff. The most efficient option would be to co-locate at least some of these functions in a central location. While transportation is not a routine administrative function, it is a large cost for departments which would benefit by an integrated approach managed from a central office.

9. Develop an Integrated Customer Relationship Management System

In order for the County to efficiently manage the thousands of clients being served by County human services departments, the County needs to create a single integrated database that can be used to track clients through all the service subsystems. While HIPAA and individual department and program confidentiality requirements preclude sharing certain specific information, the goal should be to share general tracking and point-of-contact information in a single common database.

Although it would seem that integrated human services database systems should be commonly in use and readily available at the county level, this is not the case. While this is a universally recognized need, the State agencies are only now researching how to interface their different data systems, and only a handful of counties across the State have started to develop their own systems.

Nassau County is developing its own in-house software which could be made available to Rockland County. Rockland could either tailor the Nassau system for its use or purchase pre-built

software to add-on to the PeopleSoft system currently being implemented. Given the complexities in selecting an approach and the substantial commitment of County resources that will be required (for staff time, outside assistance, and any software costs), CGR recommends that the County utilize a process similar to the one established to select and implement the PeopleSoft system. This will ensure that cross-departmental issues are properly integrated into the final solution, and that resources are carefully managed.

10. Partner with State Agencies to Ensure Support and Assistance

Since most of the County's services are driven by State policy directives and mandates, it will be critical for State agencies to understand and actively support Rockland County's new service initiatives envisioned in this report. CGR recommends that Rockland County build on the positive dialogue initiated at the January roundtable with State agencies and seek the technical assistance, flexibility, and other resources from the State to assist with implementation. CGR suggests that the County disseminate this report to leadership in State agencies and then sponsor a follow-up roundtable meeting to review recommendations, determine the best process and structure for continued exchange, and identify potential funding resources. The County should aggressively pursue funding opportunities that are in alignment with recommended directions to bring in new resources that will facilitate and expedite implementation.

Benefits and Costs

The recommendations in this report will result in significant improvements in the way Rockland County manages and delivers human services. The recommendations will enhance leadership for health and human services, improve planning and coordination of service delivery, simplify access to services for consumers, and strengthen strategic partnerships with the community. The recommendations also provide for opportunities for improved internal efficiencies through consolidation of administrative functions and more flexible deployment of staff.

Bringing these recommendations to fruition, however, will require substantial focus, time, and energy. Most of the recommendations can be achieved by redirecting existing funding and staff to provide services through a more integrated approach. Additional resources may be needed for staff training, the formation of

Rockland Service Centers, and the integrated client database software. Additional positions may be needed for the Assistant County Executive and the Coordinator for Strategic Partnerships if positions are not reassigned from existing operations.

The report's recommendations set a proactive course for Rockland County to meet the future needs of its residents. CGR believes that the benefits to be derived from more customer-focused and integrated services significantly outweigh the implementation costs.

Next Steps

Rockland County will need to implement these recommendations in stages. The County could initiate some recommendations almost immediately – for example, the HHS Cabinet could be created as soon as this report is accepted. Other recommendations will probably need to be incorporated into 2006 budget discussions. Two recommendations that will likely take the longest to implement will be creation of the Rockland Service Centers (since this will require long term facilities planning) and development of the integrated client database (which will require a process similar to the PeopleSoft process). However, CGR believes that with sufficient leadership and focus, every recommendation could at least be initiated by the close of 2006.

These recommendations were intentionally developed to create a high-level strategic framework to help the County plan for the future. CGR studied County operations in enough detail, and the recommendations were evaluated by the department Task Force members, so that we are confident that the County can implement these recommendations.

The next major step will be for the County to develop an implementation plan and move forward. CGR and the Task Force realize that the County will need to further study some of these recommendations in order to properly evaluate all of the details required to make the changes proposed. These details will help shape the implementation plan for each recommendation.

As the County moves forward, it should establish processes to assess whether the service objectives identified in this report are

being met. A structured evaluation process will help ensure that the County continues to serve its clients in a customer-focused, effective and efficient manner. As resources, mandates, and client needs change in the future, the County should monitor and adjust these recommendations to respond to emerging needs.

Conclusion

CGR was privileged to have the opportunity to work with members of the Task Force and the other County stakeholders who contributed to the ideas presented in this report. Given our experience in other counties, we were impressed with the dedication of HHS staff and their desire to try new and innovative ways to provide high quality, cost effective service to clients in the community. Providing human services at the county level is very challenging because of the many competing and constantly changing needs of the population, mandates imposed by other governments, and limited resources. CGR applauds Rockland County for its foresight and initiative to undertake this comprehensive assessment and prepare itself for the future.

FINDINGS AND RECOMMENDATIONS

The following PowerPoint presentation provides additional information on CGR's findings and recommendations. For each of the ten primary recommendations, CGR has identified some specific actions that the County should take to implement the recommendations. These recommended actions can serve as performance benchmarks that the County can use to measure its progress as it moves forward to implement this report over the next several years.

Planning for the Future - Improving Rockland County's Delivery of Human Services

Findings and
Recommendations

May 2005



CGR's Charge

- Review the organization and operations of the Departments of Health, Mental Health, Social Service, and Probation.
- Identify major issues and opportunities to improve efficiency and effectiveness.
- Give priority to cross-system improvements.
- Create a customer-focused delivery system.

CGR's Process: Emphasis on Stakeholder Involvement

- Worked with Human Services Task Force
- Interviewed over 340 stakeholders
- Conducted organizational analysis of Departments
- Reviewed budgets, plans, and demographic trends
- Held state agency roundtable
- Developed recommendations to respond to priority issues
- Obtained approval from Task Force on final recommendations

Who We Interviewed – Over 340 individuals

88 Individual Interviews

- County Executive and staff
- Commissioners
- Senior Managers
- Community Stakeholders

252 Staff in Group Interviews*

Department	# of Staff
Health	49
Mental Health	57
Probation	17
Social Services	129

* Includes 38 written responses

Goals for Presentation

- Present context and trends
- Review issues ranked by the Task Force as priorities
- Present recommendations
- Discuss next steps

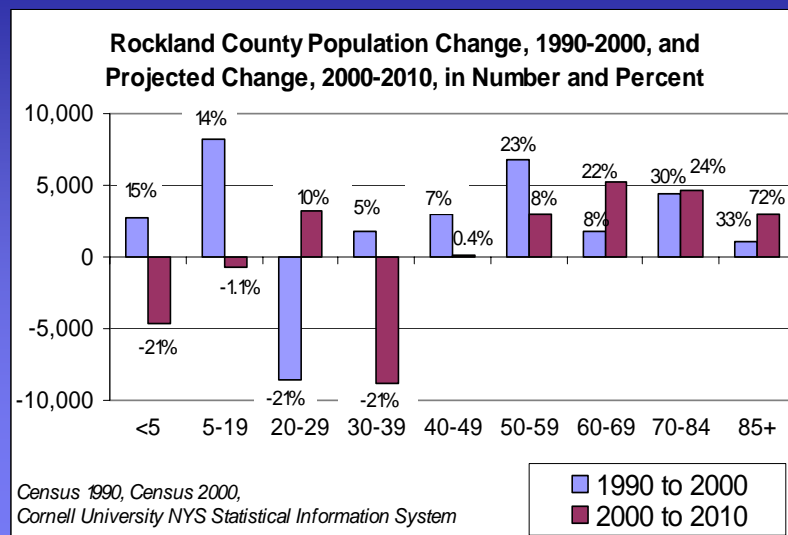
Health and Human Services Review

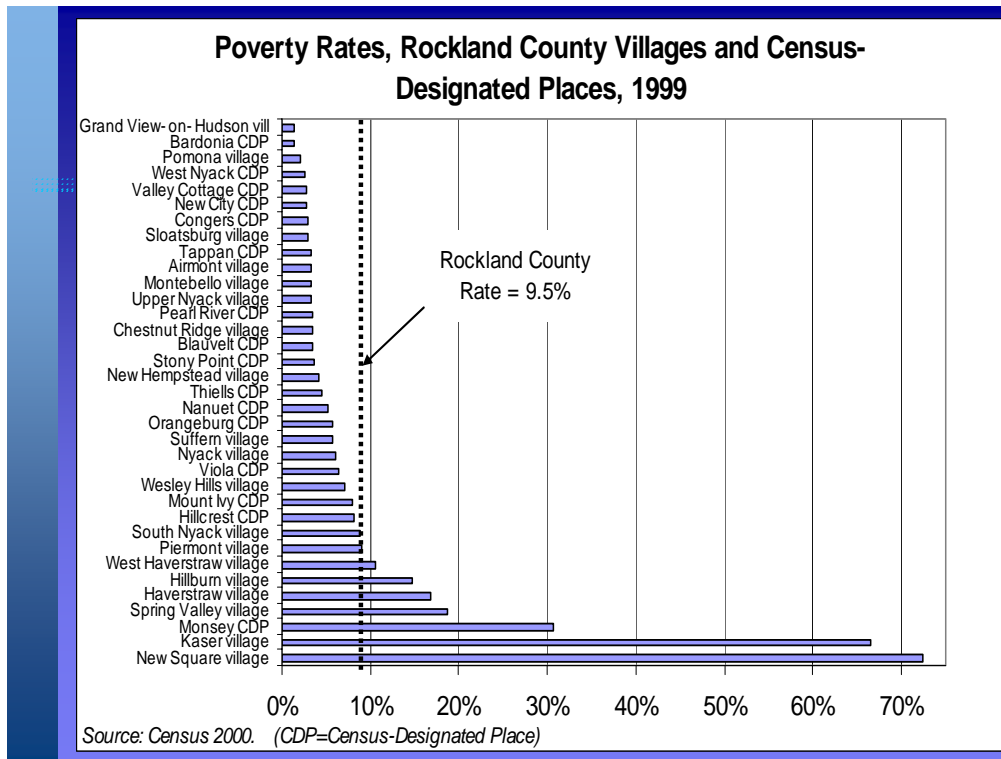
Context and Trends

Context and Trends: Rockland County Population

- Population grew by 8% from 1990-2000.
- Population grew by 2.2% from 2000 to 2003, double the state rate, to 292,989.
- In 2000, 19% of Rockland's population was foreign-born.
- 12% of population over age five speaks English less than "very well" -- including 20% of Monsey zip code population, 26% of Spring Valley's, and 32% of Haverstraw's.

Context and Trends: Rockland County's Population





Context and Trends: Health & Human Service Departments

	2005 Adopted Budget (in millions)	2005 Full Time Equivalent Staff
Total County Appropriation	\$589.9	2918
Total HHS Appropriation	\$277.2	1205
HHS as % Total County	47%	41.3%
Social Services*	\$155.9	514
Health**	\$65.2	251
Mental Health	\$45.1	324
Probation	\$5.4	54
Seniors	\$4.2	54
Youth**	\$1.4	8

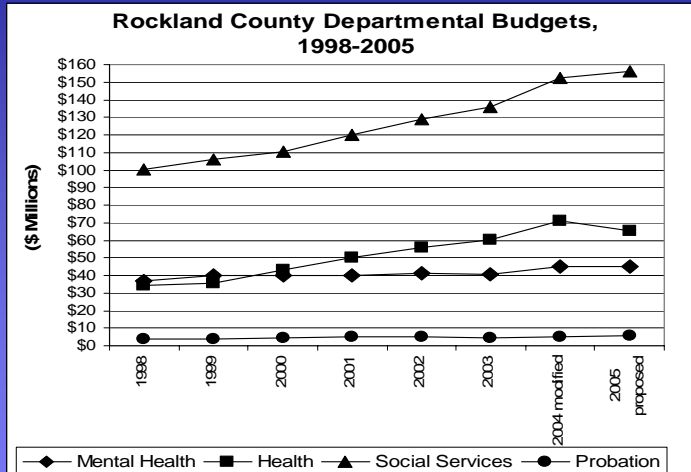
*Excludes federal & state shares of Medicaid

**Budget figure does not include grants

Context and Trends: Health & Human Service Departments

% Change 1998 - 2005

- ↑89% - DOH
- ↑56% - DSS
- ↑46% - DOP
- ↑23% - DMH



*DSS figures excludes federal & state shares of Medicaid

Health and Human Services Review

Priority Issues Identified by
the Task Force

Priority Issues Identified by the Task Force

Issue	Ranking
1. The County's desire to deliver customer focused services is hampered by the organizational structure.	#1
2. Lack of coordination when an individual or family is served by multiple programs.	#2
3. The County could more effectively partner with community agencies.	Tied for #3
4. Similar functions are being carried out by multiple Departments or units within Departments.	Tied for #3
5. The County's evaluation system for both County operated and contracted programs could be strengthened.	#4
6. Departments have limited ability to access and exchange information.	#5

Issue 1: The County's desire to deliver customer focused services is hampered by the organizational structure.

- A. Departments are organized by state funding streams and reporting requirements, not client needs. While Departments have specialized missions, client needs cross program and organizational boundaries.
- B. Commissioners have not been charged to jointly plan and organize services, set priorities, or develop strategies to maximize resources from a cross-system perspective.
- C. Fragmentation of services results in confusion for clients, lack of clarity about responsibilities, and inefficiencies that increase costs.

Issue 2: Lack of coordination when an individual or family is served by multiple programs.

- A. Inadequate attention to managing services and costs for high need/high cost clients.
- B. Client needs are not addressed in a coordinated fashion. More joint service planning required by frontline staff for individuals or families with complex situations.
- C. Incomplete information upon referral and infrequent follow-up after referral hinder effective coordination.

Issue 3: The County could more effectively partner with community agencies.

- A. Compared to other counties its size, Rockland County government operates more services directly rather than through community agencies. Community-based organizations may be better equipped to provide more services to Rockland's culturally diverse populations.
- B. The County needs to continue to clarify what mental hygiene services are most appropriately and effectively carried out by the County and what should be transitioned, over time, to the community.
- C. For partner agencies under contract with the County, the contracting process is slow, resulting in financial stress.

Issue 4: Similar functions are being carried out by multiple Departments or units within Departments.

- A. Administrative functions (e.g. personnel, payroll, and billing) are dispersed both within and across Departments.
- B. Each Department provides or authorizes transportation services.

Issue 5: The County's evaluation system for both county-operated and contracted programs could be strengthened.

- A. The County needs to focus more attention on identifying key data and then collecting, analyzing, and utilizing this information to assess efficiency and effectiveness and re-deploy resources to respond to changes in demand.
- B. There is no consistent countywide policy and approach for monitoring providers against desired outcomes.

Issue 6: Departments have limited ability to access and exchange information.

- A. The County does not have a central registry enabling it to identify all individuals being served through the County or its contract agencies.
- B. Each Department has separate data systems. This limits the County's ability to share needed information for planning and service delivery. This is true on both an intra- and inter-departmental basis.

Health and Human Services Review

Recommendations

Framework for Recommendations

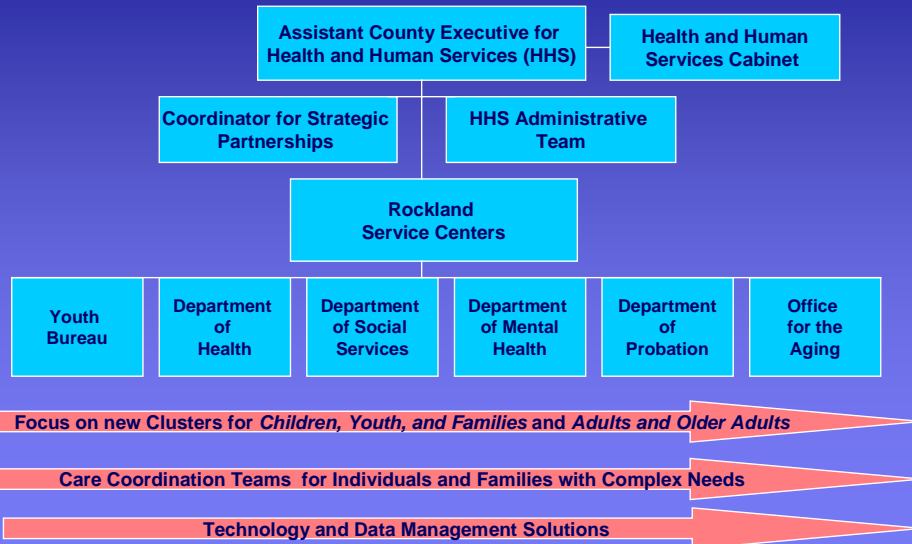
Customer-Focused	<ul style="list-style-type: none"> ✓ Easy to access ✓ Coordinated, family-focused services ✓ Culturally competent, strength-based approaches
Efficient	<ul style="list-style-type: none"> ✓ Less duplication of administrative services ✓ Strategic relationships to cost-effectively deliver services ✓ Staff deployment processes that enable response to changes in demand
Effective	<ul style="list-style-type: none"> ✓ Improved ability to comprehensively plan and implement system improvements ✓ Enhanced communication and coordination ✓ Greater use of data for decision-making and focus on outcomes

Framework for Recommendations

Section Includes:

- 10 Recommendations
- 35 Recommended Actions
- Summary of Benefits and Costs
- Implementation Sequencing

Recommendations Nested Within New Organizational Structure



Recommendation 1: Establish an Assistant County Executive for Health and Human Services

Strategic Performance Objective:

Create leadership position to coordinate health and human services – nearly 50% of County’s budget – and to ensure implementation of organizational and service delivery improvements.

Recommended Actions:

- 1.1. The Assistant County Executive should be the County’s point person for health and human services and have line authority over HHS Commissioners and Directors. This individual must be highly qualified, experienced, knowledgeable, and respected in the field.

Recommendation 2: Form a Health and Human Services Cabinet

Strategic Performance Objective:

Develop a proactive, high performing senior management team structure to maximize public resources and develop interdepartmental solutions for health and human services.

Recommended Actions:

- 2.1. The Cabinet should include the Commissioners and Directors of County departments responsible for service provision: Social Services, Health, Mental Health, Probation, Aging, Youth, and Hospitals.
- 2.2 The Cabinet should be chaired by the Assistant County Executive for Health and Human Services.

Recommendation 2 (cont): Form a Health and Human Services Cabinet

Recommended Actions:

- 2.5 The Cabinet should assess the impact of recommendations and determine whether further organizational changes are needed to institutionalize policy and program directions.

Recommendation 2 (cont): Form a Health and Human Services Cabinet

Recommended Actions:

- 2.3 The Cabinet should meet regularly to set direction and address cross-system program and fiscal issues.
- 2.4 Major Cabinet priority - ensure implementation of recommendations:
- ✓ provide leadership and active oversight for cross-cutting priorities
 - ✓ assign staff from the departments to design and implement new policies and approaches
 - ✓ secure facilitation resources as needed
 - ✓ build in check points to ensure progress

Recommendation 3: Create Two Clusters to Focus on Multi-Disciplinary Approaches to Serving Client Populations

Strategic Performance Objective:

Reduce the “departmental silo” orientation and focus commitment to core populations served by the County: Children, Youth, and Families and Adults and Older Adults. Clusters would focus on 1) planning, 2) co-located and integrated service delivery approaches, and 3) staff training and development.

Children, Youth, and Families Cluster: Potential Services and Programs for Inclusion

<i>Youth Bureau</i> All	<i>In Probation:</i> Juvenile Probation
<i>In Department of Health:</i> Early Intervention Preschool Special Education WIC Children with Special Health Care Needs Relevant Health Clinics	<i>In Department of Social Services</i> Child Protective Preventive Foster Care Adoption Adolescent and Special Services Next Steps
<i>In Department of Mental Health:</i> Child Development Center Children and Youth Mental Health Services	

Adult and Older Adults Cluster: Potential Programs and Services for Inclusion

<i>Office for the Aging:</i> All	<i>In Probation:</i> Adult Probation
<i>In Department of Health:</i> Public Health Nurses Conducting Assessments for DSS Adult Services Relevant Health Clinics	<i>In Department of Social Services</i> Adult Protective Services Adult Home Adult Services (e.g., Case Management for Personal Care, Home Care, Waiver) Medical Services Unit Chronic Care Medicaid
<i>In Department of Mental Health:</i> Adult Case Management Services Adult Mental Health Treatment Services Adult Chemical Dependency Treatment Services	

Recommendation 3 (cont.): Create Two Clusters to Focus on Multi-Disciplinary Approaches to Serving Client Populations

Recommended Actions:

- 3.1 Use Clusters as a way to organize integrated planning. Building on the experience of Rockland CARES, utilize Clusters to assess community-level outcomes and indicators of well-being and plan for a continuum of quality services across departments.

Recommendation 3 (cont.): Create Two Clusters to Focus on Multi-Disciplinary Approaches to Serving Client Populations

Recommended Actions:

- 3.3 Organize staff training and development by Clusters:
 - ✓ improve networking and cross-fertilization
 - ✓ impart information about programs within the Cluster, including mission, target populations, referral requirements, and available services
 - ✓ conduct cultural competence and other relevant training
- 3.4 Strong facilitation and leadership will be required to advance the Cluster recommendations.

Recommendation 3 (cont.): Create Two Clusters to Focus on Multi-Disciplinary Approaches to Serving Client Populations

Recommended Actions:

- 3.2 Develop co-located and integrated service delivery approaches, where Cluster programs serve mutual clients and have interrelated missions. Prime opportunities include
- long term care and related services for adults and older adults now operated by OFA, DSS, DOH;
 - DSS, DOP, and DMH services focused on serving youth at-risk of residential placement.

Recommendation 4: Realign Programs within DSS to Be Consistent with Cluster Focus

Strategic Performance Objective:

Increase the opportunity for coordination and networking of programs that are functionally related.

Recommended Actions:

- 4.1 DSS leadership should consider the following changes:

Program	Move From	Move To
Adolescent and Special Services	Adult and Specialized Services	Family and Children Services
Medical Transportation	Family and Children Services	Adult and Specialized Services
Child Care Subsidies	Adult and Specialized Services	Assistance Programs

Recommendation 4 (cont.): Realign Programs within DSS to Be Consistent with Cluster Focus

Recommended Actions:

- 4.2 DSS Self-Sufficiency and Assistance Programs should participate in both Clusters since they provide fundamental supports for both children, youth, and families and adults and older adults.

Recommendation 5: Institute Care Coordination Teams for Complex, High Need Cases

Strategic Performance Objectives:

Develop care coordination approach as a standard of practice to better serve individuals or families with complex issues that require multi-system involvement. Through enhanced coordination, improve client outcomes, reduce the need for more intensive services, eliminate duplication of effort and better utilize staff resources.

Recommendation 5 (cont.): Institute Care Coordination Teams for Complex, High Need Cases

Recommended Actions:

- 5.1 The Cabinet should identify high need or high cost populations to target for Care Coordination Teams.
- 5.2 Department staff should be involved in developing the specific protocols for Care Coordination Teams.
- 5.3 Care Coordination Teams should include the individual or family, involved service providers, and informal supports. Teams should be strength-based, family-focused, and culturally competent.

Recommendation 5 (cont.): Institute Care Coordination Teams for Complex, High Need Cases

Recommended Actions:

- 5.4 Team responsibilities should include:
 - ✓ Developing a coordinated service plan and clarifying roles and responsibilities
 - ✓ Deciding on the frequency and type of Team interaction
 - ✓ Communicating service goals, progress, and changes
- 5.5 Teams could be configured as a) Standing Committee that meet regularly to address a particular target population or b) individualized teams that are formed based on the service needs of a particular client or family.

Structural Recommendation 5 (cont.): Institute Care Coordination Teams for Complex, High Need Cases

Recommended Actions:

- 5.6 The County should track resources and outcomes for those being served by Care Coordination Teams. The Cabinet should advocate for reinvesting local share savings for service enhancements.

- 5.7 The Cabinet should also systematically review data to determine if policy or program changes are needed to improve outcomes.

Recommendation 6: Create Rockland Service Centers as an Integrated “Front Door” to Services

Strategic Performance Objectives:

Develop a more intentional approach to providing integrated health and human services in satellite offices. Simplify access for consumers, with “one-stop shopping” for selected services. Through co-location, create opportunities to improve communication and coordination among staff.

Recommendation 6 (cont): Create Rockland Service Centers as an Integrated “Front Door” to Services

Recommended Actions:

- 6.1 Two Rockland Service Centers should be established to provide community locations for services. Service Centers would not be a required initial access point.
- 6.2 Service Centers should provide the following services:
 - ✓ *Information and Referral*, using InfoRock Technology
 - ✓ *Initial Intake*, including collecting demographic information, identifying primary service need, making service referrals, scheduling appointments for in-depth clinical assessments (e.g., medical or mental health assessments).

Recommendation 6 (cont): Create Rockland Service Centers as an Integrated “Front Door” to Services

Recommended Actions:

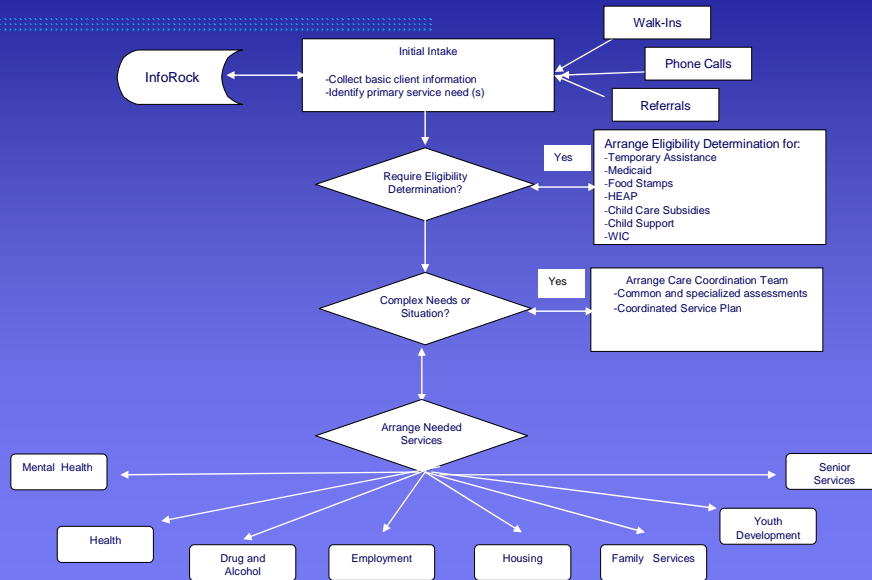
- 6.2 Service Centers should provide the following services (cont):
 - ✓ *Eligibility determination for entitlement and means tested programs*, including Temporary Assistance, Medicaid, Food Stamps, Child Care Subsidies, HEAP, WIC, Child Support.
 - ✓ *Access to comprehensive screening and care coordination team* for high need/complex cases.
 - ✓ *Customer Service Representatives* to respond to complaints and advocate for quality improvements.
 - ✓ *Out-stationing* of other County case managers or frontline staff as appropriate.

Recommendation 6 (cont): Create Rockland Service Centers as an Integrated “Front Door” to Services

Recommended Actions:

- 6.3 Cross train staff to carry out selected functions, particularly information and referral, initial intake, and eligibility determination.
- 6.4 Move forward with the Rockland Service Center concept using Monsey/Spring Valley site as a pilot. Give future consideration to developing a Service Center in Haverstraw. This will require the County to review and reconfigure its current satellite offices and the mix of staff and services currently deployed at these offices.

Potential High Level Flow Chart for Rockland Service Centers



Recommendation 7: Establish a Coordinator for Strategic Partnerships

Strategic Performance Objective:

Create leadership position to promote and better utilize community providers to deliver cost-effective services to Rockland County's increasingly diverse population.

Recommended Actions:

- 7.1 Work with DMH and key stakeholders to determine which mental hygiene services should be County run and which should be transitioned over time to the community and develop an implementation timetable.

Recommendation 7 (cont.): Establish a Coordinator for Strategic Partnerships

Recommended Actions:

- 7.2 Identify opportunities where community organizations could more effectively reach and serve clients. Strategic partners may be more trusted, familiar with languages and cultural mores, and closer to where clients live.
- 7.3 Develop and adopt a standard, simplified approach to contracting for health and human services that includes outcome-focused performance measures.
- 7.4 Maintain a comprehensive database of HHS Department contracts.

Rockland County HHS Contracts: Key Findings

- No Comprehensive/Consolidated List of HHS Contracts
- Approximate Total Number of Contractors in 2004 (> \$1,000): 225
- Approximate Value of Payments Made to Contractors in 2004: \$52.9 million
- Contractors used by multiple departments: 37
- Value of contracts used by multiple departments: \$25.9 million = 49%

Recommendation 8: Create a Consolidated HHS Administrative Team

Strategic Performance Objectives:

Achieve efficiencies and more flexibly deploy staff carrying out selected administrative functions. Provide locus of responsibility for developing HHS-wide approach to transportation.

Recommended Actions:

- 8.1 Explore consolidation of the following under an HHS Administrative Team: payroll, billing, accounts payable, and purchasing.
- 8.2 Develop an integrated approach to transporting clients.

Rockland County HHS Client Transportation: Key Findings

- ✓ Currently 19 staff positions in DSS and DMH costing \$1.02 million
- ✓ Gasoline, repairs, replacement vehicles budgets are over \$360,000
- ✓ Transportation contractors cost over \$4.4 million Over 80 separate vehicles assigned to departments
- ✓ No cross-department coordination
- ✓ Minimal use of internal transportation planning skills available through the County's Transportation Department.

Recommendation 9: Develop an Integrated Customer Relationship Management System

Strategic Performance Objective:

Create the ability to identify clients as they come into any Rockland human services subsystem so the County and partner agencies can access a single integrated database and track a client through all subsystems. HIPAA and department specific requirements precludes sharing specific care information, however, general tracking and point of contact information should be available in a single common database.

Recommendation 9 (cont.): Develop an Integrated Customer Relationship Management System

Recommended Actions:

- 9.1 Create a team, similar to the approach used by the County to select the AMS and PeopleSoft solutions, to identify desired system requirements and evaluate options.
- 9.2 Obtain (if from Nassau County) or purchase (if from PeopleSoft or another vendor) the software and build the system.

Recommendation 10: Partner with New York State agencies to ensure support and assistance for Rockland's improvement strategies

Strategic Performance Objective:

Create a state-county interagency partnership with a shared understanding of Rockland County's desired directions and commitment to providing technical assistance, flexibility, and other resources to assist with implementation.

Recommended Actions:

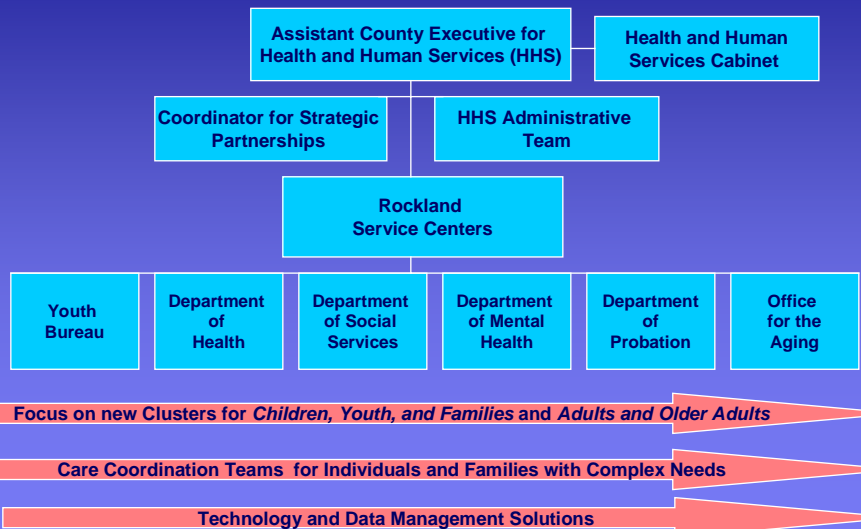
- 10.1 Disseminate CGR's report to leadership in state agencies and to representatives that attended Rockland County's January 2005 Roundtable.

Recommendation 10: Partner with New York State agencies to ensure support and assistance for Rockland’s improvement strategies

Recommended Actions:

- 10.2 Sponsor a follow-up roundtable meeting to review recommendations, discuss the best process and structure for continued exchange, and identify potential funding resources. In particular, seek the input of the New York State Office for Technology to provide information on integrated customer relationship management systems.
- 10.3 Aggressively pursue state funding opportunities that are in alignment with Rockland County’s recommended directions to bring new resources to bear and facilitate/expedite implementation.

Putting it Together: New HHS Organizational Structure



Counties Implementing Similar Recommendations

Assistant County Executive	Dutchess - "Director of Health and Human Services"
Health and Human Services Cabinet	Albany, Dutchess, Erie
Population Focus	Albany, Erie, Monroe, Schenectady
Care Coordination Mechanisms	Dutchess has developed HHS-wide protocol, though many counties have care coordination initiatives for targeted populations
Rockland Service Centers	Nassau "No Wrong Door" contains elements, but only at single site
Coordinator for Strategic Partnerships	Unique to Rockland
Administrative Team	Erie, Monroe
Customer Relationship Management Database	Erie, Nassau

Summary of Benefits and Costs

Benefits	
Establishes leadership to drive change.	Strengthens strategic partnerships with community providers.
Creates mechanisms at multiple levels to coordinate and improve planning and service delivery: Cabinet, Clusters, Care Coordination Teams.	Targets select administrative functions for possible consolidation to achieve efficiencies within HHS umbrella.
Simplifies access for consumers and provides an integrated "front door" to services.	Largely maintains the Department structure and reporting relationships familiar to state and federal Departments.

Summary of Benefits and Costs

Costs	
May require additional position for Assistant County Executive and staff and Coordinator for Strategic Partnerships if not reassigned from existing operations.	Developing Customer Relationship Management System will require investment of staff time and may require purchase of vendor software.
Will be staff disruptions associated with relocation to Rockland Centers and other organizational realignments.	Will be costs associated with staff training and development.
Will be additional costs with creating Rockland Service Centers which may be offset by eliminating current leases for satellite offices.	Will require time and energy by all Departments and staff to communicate new directions and refine and implement recommended strategies.

Implementation Sequencing

Initial

- # 2 Form HHS Cabinet
- # 3 Create Clusters
- # 4 Realign Programs in DSS
- # 5 Institute Care Coordination Teams
- # 9 Begin planning for Customer Relationship Management Database
- # 10 Partner with State Agencies

Intermediate (2006 Budget)

- # 1 Establish Assistant County Executive
- # 6 Create Rockland Service Centers
- # 7 Establish Coordinator for Strategic Partnerships
- # 8 Create HHS Administrative Team

Long Term (2006 Budget and Beyond)

- # 9 Implement Customer Relationship Management Database