

**ANALYSIS OF
SERVICE
COORDINATION
IN THE
DEPARTMENT
OF SOCIAL
AND HEALTH
SERVICES**

**BRIEFING
REPORT DIGEST**

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JLARC REVIEW OF DSHS SERVICE COORDINATION

One-third of the state's population use services provided through the Department of Social and Health Services (DSHS). Many of these 2.1 million people (42 percent) use two or more services: one client may be getting medical care, in-home personal care services, mental health care, and food stamps from different parts of DSHS. How these services are coordinated is of interest to policy makers concerned with the efficient delivery of state services.

JLARC's analysis of service coordination in DSHS is structured around four questions:

- What efforts are underway to ensure service coordination?
- What efforts are geared at improving information systems to enhance coordination?
- How does DSHS get feedback from clients on how well services are coordinated?
- Are there lessons to be learned from the experiences of other state or local governments?

This briefing report shares key lessons learned as we sought answers to these questions.

CURRENT EFFORTS AT SERVICE COORDINATION: "Coordination" Has Many Meanings

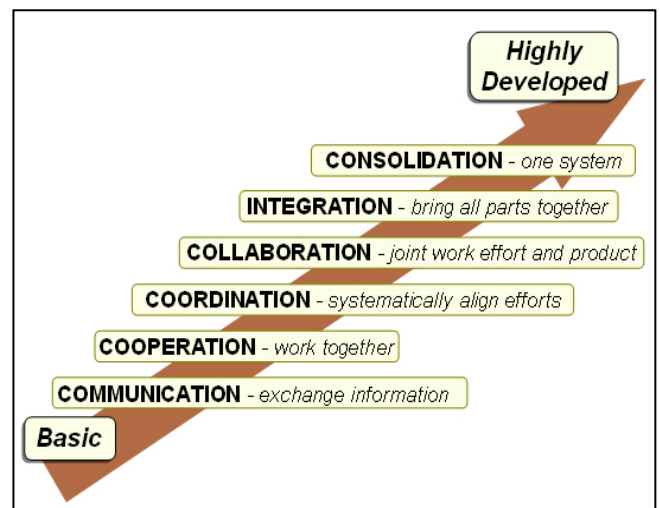
Six years ago, DSHS launched the "No Wrong Door" initiative, with a focus on coordinating services for "shared" clients—those who use services from more than one part of DSHS. While this banner is no longer used, there are a number of efforts throughout the Department geared towards service coordination. DSHS provided JLARC with descriptions of 15 important ones, including:

- *A-Teams* that bring multiple parts of DSHS, county-based services, the Department of Corrections, and local law enforcement together to work with adults experiencing difficulty maintaining services out of institutions in community settings.
- *Children's Mental Health Initiative* geared towards coordinating mental health treatment for children and youth within DSHS.
- *Functional Family Therapy* where the Juvenile Rehabilitation Administration and county courts work together in an effort to reduce recidivism.

In addition to these examples, there are coordination initiatives run by local agencies that may not be considered *DSHS* service coordination but do involve DSHS.

Such service coordination initiatives illustrate the first lesson learned in this analysis: *efforts at coordinating DSHS services take many different forms; they can involve just DSHS or involve many participants outside of DSHS*. The initiatives illustrate the diversity of efforts that can be considered service coordination.

The exhibit on the right depicts a service coordination continuum and illustrates the second lesson learned in this analysis: *the importance of understanding what is **expected** by an initiative—is it simply attempting to increase **communication** within DSHS? Is it trying to **coordinate** services either within DSHS or with other entities? Or is it trying to **consolidate** services into one single point?* Careful consideration should be given to what a specific project is attempting to accomplish—where it 'lands' on the continuum—as the project is designed, implemented, and reviewed.



INFORMATION SYSTEMS:

Efforts at Improving *Information* Coordination

Clients may be getting services from many parts of DSHS, from a variety of local governments, different service providers, as well as school districts. Thus, access to information on all the services that a client receives, regardless of who provides that service, is a key to service coordination success.

The third lesson learned during this analysis: *recent changes in information technology can facilitate this exchange, such as an emphasis on enterprise-wide information and “hub” strategies.* However, concerns with privacy laws at the federal and state level along with the interpretation of those laws, continue to impact the exchange of information.

Recent strategies adopted by DSHS to facilitate the exchange of information include:

- Leveraging the replacement of a key computer system in the Medical Assistance area to become a “hub” of provider information.
- Changing a key internal policy to increase the exchange of client information within DSHS.

These initiatives are only first steps. Our analysis also indicates that some clients must continue to provide the same basic information (name, address, etc.) to different parts of DSHS, creating inefficiencies on the part of the client and for DSHS.

WHAT DO CLIENTS THINK?

DSHS Client Surveys and Feedback on Coordination

DSHS began a formal survey of clients’ satisfaction with services in 2001. Included in this survey are specific questions regarding service coordination. In the 2005 survey, DSHS found that:

- Seventy-one percent of the clients responding to the survey agreed that DSHS coordinates service delivery (an increase from the 2003 survey) and that DSHS makes sure services work well together (a decrease from the 2003 survey).

JLARC contracted with experts in the area of surveys to double-check the survey’s methods. The fourth lesson learned during this analysis: *when determining client attitudes on service coordination, surveys must be very carefully designed and administered to minimize bias in collecting and reporting responses.*

Our consultants suggest that improvements be made in the nature of the questions asked of clients, that the way results are presented be changed, and that DSHS consider having the survey conducted by an independent organization, rather than by DSHS itself.

LESSONS FROM OTHER STATES AND JURISDICTIONS

There is a body of literature dedicated to service coordination as organizations such as the National Governor’s Association attempt to document, explain, and learn from successful coordination efforts. While this literature does not establish an easy way of evaluating or grading specific initiatives, it does provide useful indicators of what others have learned as new coordination efforts are considered and developed.

The fifth lesson learned during this analysis: *there are a number of consistent themes in this literature, including:*

- Most service integration is local;
- Integration takes time and a lot of effort;
- Strong leadership is a key;
- Federal rules and regulations can hinder coordination but some recent changes may help; and
- While most agree that integration is desired, there is little documentation on the outcomes of integration.

The research also suggests that policy makers seek upfront answers to a set of key questions as they look at making changes in how services are coordinated:

- How will the change transform the program participant’s experience?
- How will the new way fundamentally differ from the old traditional or “siloe” programs?
- What is the connection between the change and the desired program outcome?

The final lesson, also suggested by the literature as well as our site visits: *look at service coordination as an ongoing, continuous evolution—it is not a single event, rather an ongoing learning process.*

Organizations should constantly review how they conduct their business to look for opportunities to increase communication, coordination, or consolidation. Very seldom is it correct to say that the job is finished or to say that an initiative was a success or failure, to give it a “grade.” Rather, each initiative is a learning opportunity and may or may not turn out to be one step of many in the right direction.

REPORT RECOMMENDATION

1. DSHS should develop a plan to strengthen its client survey process so that it minimizes the possibility for positive bias in results.