



Oregon counties and DHS: Partners in transformation

DHS works within a complex, local, partner-based service delivery system. It relies on a network of organizations – local governments, state agencies, contractors and providers – to serve Oregonians. Local partners deliver and manage many DHS core services and programs, and the funds DHS sends them for services represent a large portion of the department’s budget.

In fact, DHS spends more than 82 percent of its total budget in local communities to pay for private-sector providers, mental health specialists, child care and home health care workers, foster parents and other local providers.

DHS knows it cannot succeed in providing excellent service to Oregonians without the effective collaboration of its partners. Transformation requires mutual support and accountability. DHS is committed to this shared responsibility for meeting client needs and its partners have proven that they are, too.

A Partnerships Transformation Team was formed in late 2008. In the first phase of its work, the Oregon Department of Human Services (DHS) and counties are focusing on areas where they share responsibility for delivering human services programs. The team is focused on two improvement initiatives:

- » Creating a governance forum and policy councils; and,
- » Reducing administrative burdens on counties and streamlining processes.

Creating a Governance Forum and Policy Councils

This is a two-part initiative. Part one involves establishing a governance forum to give county commissioners and judges a chance to hold strategic policy and planning discussions with DHS executive leadership. The governance forum began monthly meetings in November 2009. A survey to understand the extent to which DHS engaged county commissioners and judges in strategic decisions on policy and planning was completed to help measure the improvements the governance forums are expected to bring.

Part two involves establishing policy councils for three DHS divisions to provide an opportunity for county program administrators to assist DHS assistant directors with planning. Policy councils were formed for the Addictions and Mental Health Division, Public Health Division and Seniors and People with Disabilities Division. A survey for each policy council was done to determine the degree of county involvement in policy planning, and satisfaction with planning practices. The results of this survey will serve as the starting point for measuring the success of the policy councils. Memorandums of Understanding between the DHS divisions and most professional organizations participating in the policy councils were signed. Policy councils begin meeting in spring 2010.

Streamlining Processes and Reducing Administrative Burdens

Today there are many models of client service throughout the state. While flexibility is essential, there are opportunities to work together to examine and streamline or eliminate administrative burdens, and to identify best practices for service delivery and make them part of our everyday work. By working with counties to identify the administrative burdens and to define best practices, both DHS and its partners will streamline processes, boost efficiency and measure progress to guide future improvement planning.

Human services programs jointly administered by DHS and local counties are the focus of this initiative. The programs include the Area Agencies on Aging (AAA) program, the Community Mental Health Program (CMHP) and Local Public Health Authority (LPHA) programs. The team is working to systematically examine the DHS administrative requirements for counties and eliminate those that are obsolete, excessive or do not produce a suitable return on investment. This is a two-part initiative.

Part 1: Complete pilot with four counties

Part one involves conducting extensive interviews in four pilot counties to gather information about process challenges and areas of burden. Clackamas, Coos, Crook and Klamath Counties are participating in the pilot. The interviews centered on processes and administrative burdens related to the addictions and mental health, public health, and seniors and people with disabilities services counties, tribes and AAAs provide on behalf of DHS.

The information provided was used to create a list of opportunities to determine categories where improvement efforts may begin. An example of a category is the amount of paperwork required to complete the immunization process at a local public health authority. The opportunities are currently being prioritized and will result in a Rapid Process Improvement event being held in each of the four pilot counties. After completion of the pilot events, the Partnerships Transformation Steering Committee will discuss how the improvement opportunities might be rolled out across the state.

Part 2: Identify “quick wins”

Part two involves identifying “quick wins” – the simple changes that can be quickly and easily made. Using information gleaned from extensive interviews with the pilot counties, and the results of a brainstorming session with a variety of county staff, a list of administrative burdens was developed. The list was sorted into three broad areas: Planning, reporting/payment/financial, and contracting. A subgroup is working in each area to identify the means and schedule for reducing the burdens.

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