



DELAWARE
HEALTH AND
SOCIAL
SERVICES

Achieving the Vision: Person-Centered Health and Human Services in Delaware

A STRATEGIC PLAN FOR
THE DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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Executive Summary

The Department of Health and Social Services (DHSS) plays a major role in meeting the basic needs of Delaware families and individuals. This is recognized by the Department's mission to improve the quality of life for Delaware's residents by ***promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.***

Nationally, there is an increasing focus on person-centered planning and social determinants of health to better integrate and connect health with other behavioral, environmental, social, and policy influences. The scrutiny on cost and reducing unnecessary waste in our health care system, along with the recovery from economic downturn, also has further exposed the need for greater emphasis on what matters most to families and individuals. As our largest state agency, DHSS faces the challenge of needing to deliver many kinds of services to a lot of diverse populations. While all state agencies face significant financial and political constraints, Delaware hopes to learn from others across the country who faced similar challenges and offer important lessons on focusing on integration and person-centered service navigation.

Over the past three years, the Department has focused on efficiency and accountability following the lead of Governor Carney's Governmental Efficiency and Accountability Review (GEAR) Board. Additionally, our work to set up health care spending and quality benchmarks gave us a chance to hear inspiring stories of how other states have overcome big problems to transform their quality of care, ensure financial stability, and refocus on social determinants of health. Most recently, we have had a strategic planning steering committee made up of leaders from across all our divisions who have seen, heard, and researched person-centered service delivery, and strengths and weaknesses of our current operations.

In the plan that follows, Department leadership shares our vision for a high-quality, fiscally responsible, integrated, person-centered Department of Health and Social Services. We also offer a roadmap for making this vision reality. Although every division in our agency faces unique circumstances and limits, we have heard a lot from our stakeholders across the state and know there are important lessons for us to apply to our work across the whole Department, and we have built those into this plan.

Our vision is to have high-quality operations across the Department, and we have specific strategic recommendations for achieving this vision. We built our vision and plan on data that we collected from many sources: a review of existing literature; an inventory of current Departmental programs; a stakeholder needs assessment which includes surveys, focus groups, and key informant interviews; and input from experts in health care, business, and policy.

We identified the following items as key areas for the Department to address through our strategic planning process:

- » DHSS staffing and workforce management
- » Data integration and sharing across DHSS divisions
- » Gaps in services provided by DHSS
- » Person-centered service delivery

OUR COMMITMENT

The Department will make fundamental and systemic changes to modernize the infrastructure and delivery of health and social services to help Delawareans live their best lives possible.

DHSS VISION

Together we provide quality services as we create a better future for the people of Delaware.

DHSS MISSION

To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

FOUNDATIONAL THEMES

1. **Customer Service:**

The Department's priority is to deliver high-quality services to Delawareans. We are committed to providing excellent service to our "customers" through all of our programs.

2. **Measurable Outcomes:**

Data will drive the Department's decision-making and we will use data to identify opportunities to improve service delivery and program design.

3. **Coordination of Funding:**

The Department will look for opportunities to coordinate funding streams across divisions to strengthen opportunities for services.

STRATEGIC PLAN GOALS

GOAL 1:

Develop a **person-centered approach** to the service delivery system to meet the multi-faceted needs of individuals and families.

DHSS must develop person-centered approaches and new technologies to address the needs of individuals in specific communities in Delaware, especially those who are most vulnerable and often left behind. We must apply an equity lens to all we do, and include patient, consumer, and caregiver input as we take on service delivery system redesign. We also must apply continuous quality improvement that includes clear, open measures that are developed across divisions and with our stakeholders to define the success of our future operations. All of this must be done in the context of serving and supporting individuals and best meeting their unique needs.

GOAL 2:

Improve the **public health and safety infrastructure** to protect the well-being of all Delawareans.

DHSS can leverage its expertise and focus on public health and safety through a lens of prevention and wellness. Working across state partners, nonprofits, and private sector organizations can be beneficial for the health of our state and can create improved cost and operational efficiencies. Public safety requires long-term planning and expertise that needs focus and attention to reduce potential gaps and address ongoing needs.

GOAL 3:

Build, align and strengthen the DHSS workforce to meet current and future service needs.

The Department faces a fast-changing workforce and many staff who are close to retirement. This means we need to prepare our employees to take on new roles and responsibilities. We also need to have positions and job descriptions adapted to our changing environment. As an organization, we need to align our divisions around three key domains of work: supporting individuals with disabilities and their families, managing population health, and providing critical human services.

GOAL 4:

Enhance and integrate data to support data-driven decision making and increase access to shared information within the Department, its divisions, and across the state.

DHSS should have an enterprise data strategy, with a lead information officer, that manages a central data warehouse of integrated client, financial, and outcomes data. We need data governance, and policies and procedures to foster better service coordination, improve client navigation, and monitor quality and performance indicators. Our technology systems should link to other state agencies and our private sector partners.

GOAL 5:

Promote inclusive and routine **communication** among DHSS leadership, staff, stakeholders, and clients.

DHSS must implement innovative modes of communication to improve awareness, access, quality, convenience, and cost-effectiveness of our services. We should communicate with our customers in ways that are accessible and easy for them, including making information available in other languages and formats, such as for those with hearing or visual impairments. For example, this includes new modes of communication, such as a DHSS navigator mobile application, online appointment scheduling, or home-delivery of services to benefit individuals and families.

GOAL 6:

Strengthen the **Department-wide planning structure** to support continuous improvement and increased efficiency, including routinely capturing feedback from staff, customers, and stakeholders.

The needs of our customers are constantly changing and how we deliver services to meet those needs is becoming ever more complex. Our employees must be able to manage those changes and adapt our policies, procedures, and operations to meet them. This includes having staff with special training and skills to support project management, quality improvement, and stakeholder engagement. They can support Department-wide and division-level work to improve service delivery and to include employee, stakeholder and customer input into the processes.

Our Plan outlines objectives and strategies for each identified goal. Given the broad range and complexity of DHSS's programs, our Strategic Plan is not an inventory of all the objectives DHSS will pursue, or all the actions that we will undertake. Instead, this Plan presents *priority* objectives that reflect important changes and outcomes DHSS hopes to achieve, and *key* strategies that indicate the main approaches we intend to take to meet these objectives. The Plan also identifies *key performance indicators* that will be used to track and evaluate our progress toward meeting these goals.

The Plan is a dynamic document; it will change as DHSS adjusts to new circumstances. However, it will stay focused on meeting the needs of Delaware's communities and individuals and ensuring effective use of taxpayer dollars.

While these goals provide an approach for achieving the vision of a more person-centered, efficient and effective Department, we recognize that the state also needs a process to implement this work. As part of our Strategic Planning process, we also are developing an Implementation Plan which will serve as a detailed roadmap to guide us in putting our Plan into action. To ensure we stay on track with implementation, we are forming an internal Planning Committee that will be responsible for overseeing the Implementation Plan effort and teams who will be working on it.

Introduction

The Department of Health and Social Services (DHSS) plays a major role in meeting the basic needs of Delaware families and individuals. This is recognized by the Department's mission ***to improve the quality of life for Delaware's residents by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.***

Nationally, there is an increasing focus on person-centered planning and social determinants of health to better integrate and connect health with other behavioral, environmental, social, and policy influences. The scrutiny on cost and reducing unnecessary waste in our health care system, along with the recovery from economic downturn, also has further exposed the need for greater emphasis on what matters most to families and individuals. As our largest state agency, DHSS faces the challenge of delivering many kinds of services to many diverse populations. While all state agencies face significant financial and political constraints, Delaware hopes to learn from others across the country that have faced similar challenges and can offer important lessons for how to focus resources on achieving effective integration and person-centered service navigation.

Over the past three years, the Department has focused on efficiency and accountability following the lead of Governor Carney's Executive Order #4, which created the Governmental Efficiency and Accountability Review (GEAR) Board. Additionally, our work to set up health care spending and quality benchmarks gave us a chance to hear inspiring stories of how other states have overcome similar challenges as those we face. The Department convened a multi-disciplinary strategic planning Steering Committee that has seen, heard, and researched person-centered service delivery, and strengths and weaknesses of our current operations. The work of the Steering Committee has built upon multiple efforts to help us identify the best possible use of resources to transform quality of care, ensure financial stability, and refocus on social determinants of health.

In the plan that follows, Department leadership shares our vision for a high-quality, fiscally responsible, integrated, person-centered Department of Health and Social Services. We also offer a roadmap for making this vision reality. We have developed specific strategic recommendations for achieving our vision, guided by data that we collected from many sources, including: a review of existing literature; an inventory of current Departmental programs; a stakeholder needs assessment which included surveys, focus groups, and key informant interviews; and input from experts in health care, business, and policy. Although every division in our agency faces unique circumstances and limits, we have heard a lot from our stakeholders across the state and know there are important lessons for us to apply to our work across the whole Department. As much as possible, we have built those into this Plan.

Context for Strategic Planning

DHSS has always cared for the most vulnerable. Our vision for an integrated health and social service agency in Delaware is based on perspectives steeped in the historic upbringing of the agency, as well as the history of state services for those with mental illnesses. In 1891, what was then the Insane Department and Hospital became the Delaware State Hospital at Farnhurst.

There were increasing concerns over the cohabitation of the criminally insane with patients who had less severe psychological problems. In 1964, there was an additional focus on serving those of most need, so services were extended to the operations of the Governor Bacon Health Center, the Hospital for the Mentally Retarded at Stockley, the Day Care Center at Dover, and the Mental Hygiene Clinic at Fernhook. The Department continued to evolve over time, growing and reorganizing. For example, for a time it included divisions that later became the Department of Correction and the Department of Services for Children, Youth and Their Families. Throughout its history and through these many changes, DHSS has continued to work to serve Delaware's many diverse communities and populations with an eye towards equity and justice.

Two trends in the past decade have created increased pressures for Delaware—the Recession that hit in 2008-9, and ever-increasing health care costs, which have resulted in significant difficulty balancing the state's budget. Health care spending per capita in Delaware is higher than the national average. Historically, health care spending has outpaced inflation and the state's economic growth,¹ consuming 30 percent (or approximately \$1 billion in FY 2017) of Delaware's state budget.² Medicaid cost per capita and the growth in per-capita spending have been above the national average.³ These increased costs have pushed out investments in other areas of state spending, including state employee salaries, infrastructure, education and other ongoing needs. To increase the transparency of health care spending in our state and to tie that spending to improved health outcomes, in 2018 Governor Carney signed Executive Order 25, making Delaware the first state to have both *spending* and *quality* benchmarks.

Delaware's demographics and population health are key drivers of both spending and growth in spending. The state's population is older and is aging faster than the national average – forecasted to be the 10th-oldest state by 2025.⁴ Delawareans also are sicker than the national average, with higher rates of chronic disease, in part driven by social risk factors such as poverty, food scarcity, and violence.⁵ Delaware spends more than most other states simply to address the burden of an older and sicker population, without seeing significant gains in better access or higher quality care. In the most recent publication of America's Health Rankings, Delaware ranked 31st, exceeding the national average in cancer deaths per capita, cardiovascular deaths per capita, diabetes per capita, infant mortality, and premature death.⁶ For these reasons, it became critical to focus on building a healthier Delaware, with an emphasis on both health and social factors.

¹ E.g., Medicaid growth 2010 to 2013 was ~1.8% higher than DE's overall GDP growth. MACPAC, MACStats: Medicaid and CHIP data book, 2011 to 2015; US Census Bureau 2010, 2013; Bureau of Economic Analysis, U.S. Department of Commerce, Interactive Data, GDP in current dollars, all industry total, 2010, 2103

² Fiscal Year 2018 Budget Hearing Office of Management and Budget November 15, 2016; Delaware Health and Social Services base budget review FY17

³ MACPAC MACStats: Medicaid and CHIP Data book December 2016; Kaiser Family Foundation, State Health Facts, Average Annual Medicaid Spending from FY2000 to FY2011 for Full-Benefit Enrollees

⁴ Defined by percent of population over age 65. U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

⁵ United Health Foundation America's Health Rankings Annual Report 2016

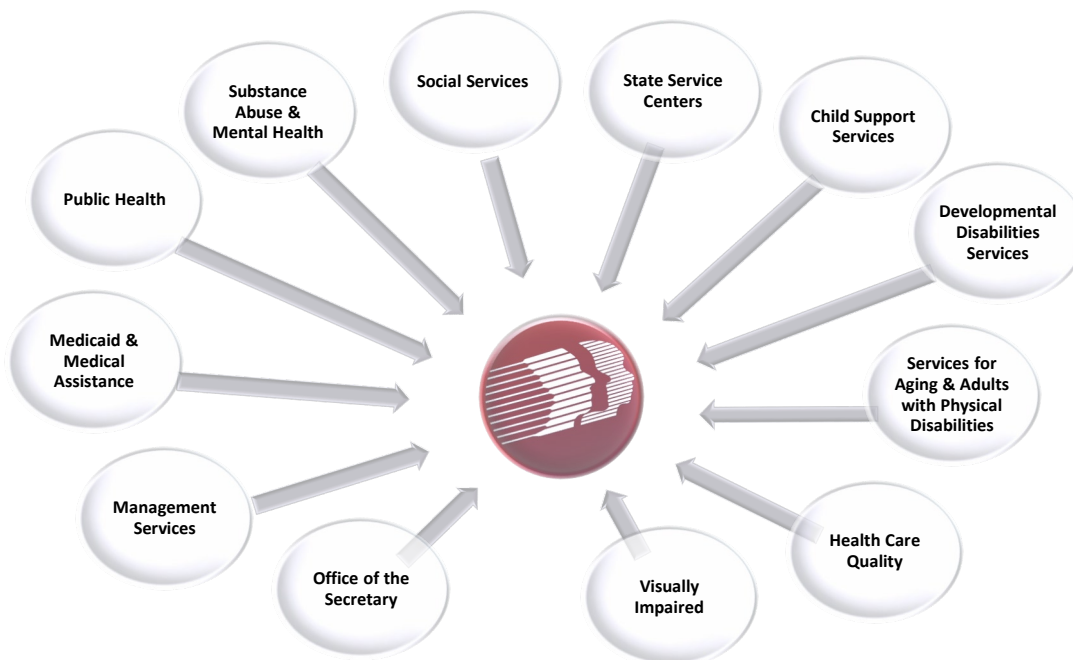
⁶ United Health Foundation America's Health Rankings Annual Report 2016

As mentioned above, the GEAR Board, is a long-term initiative to 1) develop recommendations for increasing efficiency and effectiveness across state government; 2) improve the strategic planning process; 3) improve the use of metrics in resource allocation decisions; and 4) develop continuous improvement practices. Since its formation, the GEAR Board has focused on cross-agency opportunities and large domains of spending, including at DHSS. As part of the GEAR process, the Department’s leadership quickly set out to learn from best practices within the state and sought to create a Department-wide strategic plan, much like other state agencies have pursued.

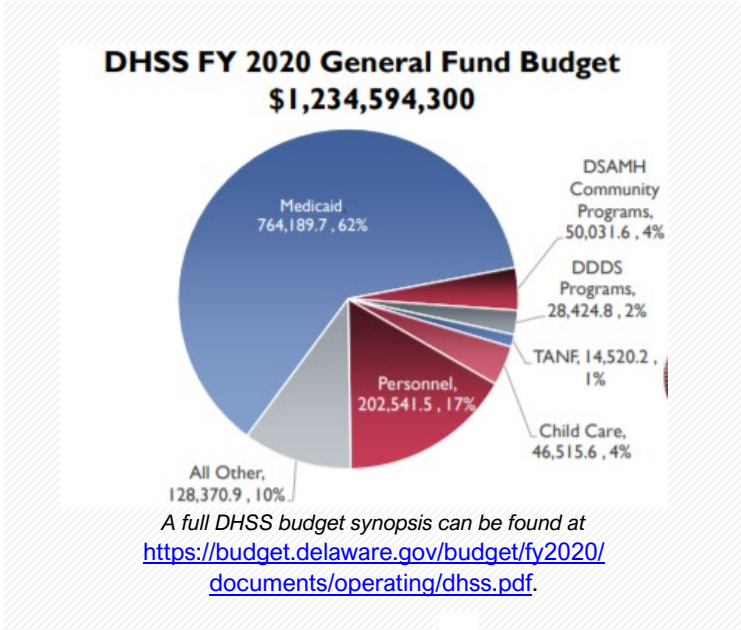
Additional events have put pressures on the existing staff and staffing structure within DHSS and have changed the service delivery model with the people we serve and our provider partners who deliver services on our behalf. The biggest changes over the last 10 years included the loss of over 800 positions, with a specific shift from providing services directly to providing services through contractors. Additionally, a settlement agreement with the U.S. Department of Justice to move people out of the state’s Psychiatric Center and into the community changed the way DHSS serves the severely mentally ill population. Finally, the federal 2014 Home and Community-Based Settings rule required states, including Delaware, to ensure that Medicaid-funded services for people with disabilities allow those individuals to have opportunities to live, work and receive services in integrated community settings.

Current Structure at Delaware Department of Health and Social Services

There are 11 divisions within DHSS that help achieve its mission: Administration, Medicaid and Medical Assistance, Public Health, Substance Abuse and Mental Health, Social Services, Visually Impaired, Health Care Quality, Child Support Services, Developmental Disabilities Services, State Service Centers, and Services for Aging and Adults with Physical Disabilities.



The DHSS budget for FY 2020 is approximately \$1.2 billion General Fund (GF) dollars, growing by 3.2 percent in FY 2020. These funds have allowed DHSS to continue services to clients in several key areas including, Developmental Disabilities, Medicaid, Birth to Three, and subsidized Child Care (Purchase of Care). They also have allowed DHSS to expand services for substance use disorders (SUD), address critical operating and systems needs throughout the Department, increase rates for services in DDS, address wait lists in DSAAPD and expand Medicaid to include dental services for adults starting in October 2020.



Methodology and Key Findings

In 2018, DHSS released a Request for Proposals (RFP) to find a strategic consulting partner, and through that process, in the spring of 2019 contracted with Health Management Associates (HMA), a national health and social care consulting firm. The scope of HMA’s strategic planning project includes working with staff and leadership to understand the impacts of significant changes over the last 10 years and the Department’s current state. From there, HMA and staff are comparing that research to current and potential future needs of the Department’s clients and stakeholders. Through the process of creating a new Strategic Plan, DHSS is reaffirming and clarifying its overall mission and vision, as well as examining the alignment of processes and tasks within and across Department goals and structures. A DHSS Strategic Planning Steering Committee, consisting of a broad range of key leadership from across divisions, has overall responsibility for the Strategic Plan development. A full list of Steering Committee members can be found in Appendix A.

The strategic planning project is being carried out over five phases, the activities for which are:

PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5
PROJECT STARTUP: KICK-OFF MEETING, PROJECT AND COMMUNICATIONS MANAGEMENT	STRATEGIC PLANNING PROCESS: ESTABLISH STEERING COMMITTEE AND CONDUCT INITIAL OUTREACH, FINALIZE PROJECT FRAMEWORK, FINALIZE WORK PLAN	ENVIRONMENTAL ANALYSIS & STAKEHOLDER SESSIONS: RAPID NEEDS ASSESSMENT, STAKEHOLDER DATA COLLECTIONS, PROGRAM INVENTORY MATRIX	COMMUNICATIONS & OUTREACH: SWOT ANALYSIS, STRATEGIC PLANNING SESSIONS, DEVELOP DRAFT STRATEGIC PLAN, COMMUNICATIONS AND OUTREACH STRATEGY	IMPLEMENTATION PLAN: DEVELOP OUTCOME MEASURES, CHANGE MANAGEMENT, FINALIZE STRATEGIC PLAN, DEVELOP IMPLEMENTATION PLAN

Environmental and Stakeholder Analysis

Because dramatic changes in the health care and economic landscape have impacted certain communities more than others, DHSS wanted to describe and understand how the health and human services needs of Delawareans have changed in recent years. Departmental leadership worked with the Steering Committee to explore strengths, weaknesses, opportunities and threats to the Department and its programs. Through an environmental and stakeholder analysis, information was collected from six sources including:

- » A Program Inventory and Analysis
- » Small Group Interviews with DHSS Staff
- » Voice of DHSS Internal Staff Survey
- » DHSS Voice of the Stakeholder Survey
- » Focus Groups with DHSS External Stakeholders
- » Rapid Needs Assessment of State and National Trends

Findings from each can be found in the subsections below.

Program Inventory and Analysis

HMA collected data on DHSS and its divisions to inform the strategic planning process, with a focus on people, programs, resources, and technical infrastructure. In total, HMA captured information on 193 individual programs and services, including administrative functions. Key findings of this data and analysis include:

- » DHSS divisions vary significantly in size, scope of services, and populations
- » The current DHSS structure does not allow for easy information-sharing across programs and populations
- » There are areas where programs overlap, which present opportunities to realign staff and integrate data in better ways
- » Many divisions use contracted staff to meet organizational mission, which sometimes makes it hard to get continuity and ownership
- » A number of current services are not core to DHSS' mission, are duplicative internal or external to the department, and/or could be outsourced

Small Group Interviews with DHSS Staff

HMA conducted small group interviews by functional area to identify internal (organizational) factors that may have an impact on DHSS' ability to meet its goals. The five small group topics included policy and program trends, communications, financial resources, organizational capacity, and technology. Key findings from those interviews include:

- » There are strong internal communications from the DHSS leadership, and there is opportunity to do more communication across divisions and with external stakeholders
- » Divisions continue to successfully deliver services despite challenges such as not having enough staff or not having staff with the right skill sets to support the work
- » Strong relationships exist with the Governor and other state partners, and more also could be done to better connect with legislative partners
- » There is a need across the Department for a more holistic approach to IT and data integration

DHSS Voice of the Stakeholder Survey

HMA outreached to 60 stakeholders representing advocates, associations, hospitals, health and social service providers, and state agencies to get their input on DHSS programs and operations. Overall respondents agreed that DHSS delivers high-quality services, and they also identified areas for the Department to improve:

- » Work more effectively as a part of a larger system of state agencies and service organizations
- » Increase collaboration with nonprofit and private social service organizations across the state
- » Align health strategies and programs with social services strategies and programs across the Department to make it easier for Delawareans to get the services they need

Voice of DHSS Internal Staff Survey

HMA administered the Voice of DHSS Survey to 3,900 DHSS employees, and more than 1,500 staff responded. The survey reported a shared understanding of and commitment to the Department and division-specific missions, as well as strong communication within certain parts of DHSS. Respondents also identified several opportunities for improvement:

- » Internal Department reorganization
- » Inter-departmental collaboration with a person-centered approach (working more with other state departments)
- » Talent management (staffing, training, performance evaluation, promotional opportunities)
- » Leadership and management accountability
- » Program performance measurement

Focus Groups with DHSS External Stakeholders

Finally, as part of the stakeholder input, HMA conducted three focus groups with advocates, providers, and associations, which were informed by DHSS Voice of the Stakeholder survey findings. **These focus groups identified areas for Department improvement in three key categories:**

COMMUNICATIONS:	STAFFING:	STRUCTURE:
<p>Stakeholders expressed an interest in more two-way dialogue between DHSS and external partners, and better coordinated communications internally so all divisions and their staffs are on the same page, providing the same information. Stakeholders also were frustrated by changing priorities and expectations for projects and programs and would like better access to leadership with more transparency about activities and decisions.</p>	<p>Stakeholders said it often was hard to know who to work with at DHSS due to constant turnover among staff and the high number of contract staff. In addition, stakeholders felt that many staff don't have the skills or tools they need to do their jobs well or efficiently. Stakeholders would like the Department to have more of a partnership approach within a culture that values and promotes quality, accountability, accessibility, inclusion, and diversity.</p>	<p>Stakeholders identified opportunities for consolidation and alignment among programs, as well as administrative consolidation and elimination of services that are already done by other providers.</p>

Rapid Needs Assessment of State and National Trends

HMA also examined national trends in health policy affecting Delaware citizens and DHSS. Using available surveys, reports, and white papers, they reviewed information on the landscape in Delaware to understand the scope of the Department's impact and work, as well as to understand the current gaps in service delivery. They identified three important trends: 1) major transformations happening in Medicaid and other health care programs including delivery system initiatives, care coordination, and social determinants of health; 2) federal efforts to shrink social service programs such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and social services eligibility criteria; and 3) changes in public health policy that impact services such as the opioid crisis response and family planning.

Based on an analysis of all the above data inputs, the Steering Committee and HMA identified the following items as key areas for the Department to address through the strategic planning process:

- » DHSS workforce management, including professional development, promotion opportunities, and reducing the number of seasonal/casual and contract staff
- » Data integration and sharing information across DHSS divisions to support person-centered services
- » Gaps in services that are provided by DHSS
- » Creating a culture of person-centered service delivery across the Department and each division

Steering Committee Recommendations: Transitioning to the Future

Based on findings from the environmental and stakeholder analysis, the DHSS Strategic Planning Steering Committee developed the following goals over an eight-month time period. Objectives and strategies are outlined for each identified goal. Given the broad range and complexity of DHSS's programs, the Strategic Plan is not an inventory of all objectives DHSS will pursue or all actions that it will undertake. Instead, the Plan presents *priority* objectives reflecting important changes and outcomes that DHSS hopes to achieve, and *key* strategies that indicate the main approaches the Department intends to take to meet these objectives. The Plan will also identify *key performance indicators* that will be used to track and evaluate progress toward meeting the Department's goals. The Plan is a dynamic document and will change as DHSS adjusts to new circumstances, while keeping its focus on meeting the needs of the communities and individuals it serves and ensuring effective use of taxpayer dollars.

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Data will drive the Department's decision-making and we will use data to identify opportunities to improve service delivery and program design.

3. **Coordination of Funding:**

The Department will look for opportunities to coordinate funding streams across divisions to strengthen opportunities for services.

STRATEGIC PLAN GOALS

Person-Centered Approach

DHSS needs person-centered approaches and new technologies to address the needs of individuals in specific communities in Delaware, especially those who are most vulnerable and often left behind. We must apply an equity lens to all we do, and include patient, consumer, and caregiver input as we take on service delivery system redesign. We also must apply continuous quality improvement that includes clear, open measures that are developed across divisions and with our stakeholders to define the success of our future operations. All of this must be done in the context of serving and supporting individuals and best meeting their unique needs.

GOAL 1: Develop a **person-centered approach** to the service delivery system to meet the multi-faceted needs of individuals and families.

Objective 1.1: Institute inter-divisional teams with accountability to identify opportunities to create seamless service delivery policies, structures, programs, and funding

Objective 1.2: Collaborate with stakeholders to gather input on person-centered policies and program direction

Objective 1.3: Engage clients in the development and pilot testing of new programs and structures

Objective 1.4: Establish Department-level program performance and evaluation metrics to continuously track and monitor the success and outcomes of programs and how effectively they meet the services needs of clients

Objective 1.5: Leverage technology to deliver information to clients and enable information sharing to reduce the need for clients to work through multiple divisions or have to visit physical locations to submit documents or receive services.

“Future-State” Case Study: *Helping Seniors Make Life Transitions*

Frank is a 79-year-old widower who has early onset Alzheimer’s and is severely visually impaired due to macular degeneration. Frank lives by himself in a single-family home and uses a walker, but he has not been able to afford any home modifications that would help him to move around more easily and safely in his home. Frank is increasingly experiencing confusion and memory loss due to his Alzheimer’s. Frank’s son checks on him regularly and has brought up assisted living, but Frank is not ready to give up his independence. One day, Frank falls and breaks his hip while trying to maneuver his walker out the front door. His neighbor finds him and calls an ambulance to take Frank to the hospital. Frank faces a difficult rehabilitation, and his son looks into services and programs that could help his dad.

With DHSS’ new policies, services, and processes focused on person-centered care that crosses divisions and programs staff will be ready to help Frank and his son get the care and supports Frank needs in the safest and least restrictive setting. This will include:

- » Connecting Frank and his son to a DHSS “super navigator” who can help them identify all the needs Frank has and the best programs and services to meet those needs across all of DHSS’s divisions, and even through other state agencies or community.
- » Reviewing Frank’s financial situation to determine what programs he is eligible for, such as Medicaid Home and Community-Based Services (HCBS) and transportation to medical appointments, the Supplemental Nutrition Assistance Program (SNAP), and Independent Living Services unit support that can provide adaptive techniques and devices that can help maintain an independent lifestyle.
- » Paying providers who are caring for Frank or serving him through various DHSS programs through value-based contracts and reimbursement structures that reward them for helping Frank to meet good health outcomes and improve the quality of his life.
- » Giving Frank easy to follow information about all the programs and services he is using or has access to in large print formats or through audio recordings so he can understand them, and having staff across all the divisions who are trained to help clients like Frank understand their benefits and services.

Strategies:

1. Identify potential **partnerships** (e.g., other state agencies, service providers, other stakeholders) by division and across DHSS that could facilitate more integrated service delivery, including an office or virtual hub for client navigation.
2. Share planning **tools and dashboards** across divisions to develop a standardized approach to identifying and integrating services for clients.
3. Continue efforts toward **achieving of outcomes** through value-based models.
4. Establish a more efficient, cohesive **internal policymaking and program strategic leadership team** that looks across DHSS initiatives to align policies and strengthen and broaden infrastructure and oversight.
5. Pilot a “**Super Navigator**” role to enhance customer service and provide “warm handoffs” using integration tools that have been developed.
6. Explore **models of outcomes-based payment for social programs supporting health**, such as the Pathways Hub Model, and where/how it might be applicable in delivering more integrated services across DHSS divisions.
7. Develop a plan or pilot for better integration of **social determinants of health (SDOH)** access in all services, including data sharing to focus on population health within regulatory and statutory limits.
8. Identify opportunities for interdivisional service to develop processes for transitions over the **life course of clients**.
9. Provide department-wide **education on the importance of cultural competency**. This training could include information on best practices in collection of race, ethnicity, and preferred language information; expectations of communication with all clients in their preferred language; best practices in working with interpreters; and information on how to access language services when needed.
10. Identify a core team that includes 3-5 senior leaders with **accountability for developing a plan for the organization, implementation, and measurement** of the operation of inter-divisional teams with a focus on client needs across disabilities services, human services, and population health.

Key Performance Indicators:

- » Measurable positive changes year-over-year in staff understanding of a person-centered service delivery culture as measured through annual employee survey described in Goal 6.
- » Evidence of increase of adoption of person-centered service delivery as measured through annual client and employee survey described in Goal 6.
- » Improved client and employee satisfaction as measured through annual client and employee survey described in Goal 6.
- » Decrease the number of reported service complaints by department/division.
- » Increase participation in or referral for services.
- » Increase in participation of services by underrepresented populations.

Public Health and Safety Infrastructure

DHSS can leverage its expertise and focus on public health and safety through a lens of prevention and wellness. Working across state partners, nonprofits, and private sector organizations can be beneficial for the health of our state and can create improved cost and operational efficiencies. Public safety requires long-term planning and expertise that needs focus and attention to reduce potential gaps and address ongoing needs.

GOAL 2: Improve the **public health and safety infrastructure** to protect the well-being of all Delawareans.

Objective 2.1: Assess essential public health and safety functions of the Department and its divisions, and identify gaps in the Department's ability to adequately meet needs

Objective 2.2: Ensure coordination with state partners necessary to support essential health and safety functions

Objective 2.3: Conduct an environmental scan to identify other private/nonprofit sector partners who may be necessary and/or valuable partners to support essential health and safety functions

Strategies:

1. Conduct a comprehensive assessment of core **public health and safety service gaps and needs** to identify specific barriers and challenges, as well as potential solutions, for closing the gaps, including a focus on clients and providers.
2. Convene other state agencies engaged with public health and safety to present assessment findings; **identify opportunities** to close gaps across agencies.
3. Leverage **existing activities** taking place across Delaware around safety infrastructure among county and local governments, nonprofit organizations, service providers, and the private sector, taking into consideration federal conditions of participation for reimbursement streams.

“Future-State” Case Study: *Keeping Families Safe and Healthy*

Edna is the mother of an 18-month-old toddler, Emily, and lives in a rural community in Southern Delaware. Her boyfriend lives with them and helps with rent and other needs, but is gone a lot for his job as an over-the-road truck driver. She works part-time as an aide at a day-care center, which allows her to also watch Emily. Edna is overweight, and struggles to find and make healthy, nutritious food for her family. Recently, she found out through Emily's pediatrician that Emily has high lead levels in her blood. After investigating, she found that the source to be the main water pipes into the house where they are living. She also is concerned because there have been two opioid overdoses in her neighborhood in the last month, one of which was her neighbor. Edna likes her neighbor and knows that she and her husband, who has been arrested for drug-related incidents, both struggle with addiction. She wants to be able to support their recovery but is not sure what she can do.

With a better understanding of the public health needs, issues, and gaps across the state, DHSS can now improve not only Edna's health, but the health and safety of her family and community, such as:

- » A lead abatement hotline where Edna can call to find out how to work with the town and her landlord to get the lead water pipes to the house replaced. She also can get information on where to get safe water, and how to protect her daughter and herself from lead poisoning.
- » Through the child-care center where she works, get information about how to enroll in the Women, Infants and Children (WIC) nutritional program in the Division of Public Health to supplement her groceries with foods that have high nutritional value for Emily, and programs that can teach her how to prepare healthier meals, as well as easy and low-cost ideas to help her exercise to lose weight.
- » A presentation at her church about the opioid crisis in Delaware and how to help reduce the stigma of addiction to get people help through prevention, treatment and recovery services. She can learn about several upcoming events in her community where she can get naloxone and be trained on how to use it in case her neighbor relapses. She also can learn about the town's local police have a new program to help divert people who might otherwise go to jail for drug-related incidents, get into treatment programs instead. She now can also have an online mental health visit with a peer who has overcome the same challenges all in that same day to get her into treatment.

Key Performance Indicators:

Evidence of increased quality targets identified in annual DHSS budget such as:

- » # of annual all drug overdose deaths
- » % of automated external defibrillator usage prior to advanced life support arrival
- » % of tobacco use by Delawareans 18 years and older
- » % of diabetes prevalence
- » % of adults who are obese

DHSS Workforce

The Department faces a fast-changing workforce and many staff are close to retirement. This means we need to prepare our employees to take on new roles and responsibilities. We also need to have positions and job descriptions adapted to our changing environment. As an organization, we need to align our divisions around three key domains of work: supporting individuals with disabilities and their families, managing population health, and providing critical human services.

GOAL 3: Build, align and strengthen the DHSS workforce to meet current and future service needs.

Objective 3.1: Partner with Department of Human Resources to develop a Department-wide staffing plan

Objective 3.2: Recruit, hire, and retain a talented and diverse DHSS workforce based on the needs of the organization and in alignment with workforce planning principles

Objective 3.3: Establish training and professional development opportunities for staff at all levels of the organization, including opportunities to upskill employees to move into other classifications when existing ones are longer needed by the department

Objective 3.4: Support professional growth and shared responsibility for outcomes by implementing meaningful appraisal processes and recognizing employee contributions toward achieving DHSS goals

Objective 3.5: Identify opportunities to streamline redundancies between divisions or centralize processes to address critical shortage areas in the department

Objective 3.6: Ensure that critical functions and services are supported by robust policy and procedure documents

“Future-State Case Study”:

Getting the Right People, in the Right Jobs

Deborah and her young daughter relocated to Delaware with her significant other who took a new job in Dover. Although she had had a solid job working for a county social services agency, she was unsure about finding new employment in Dover. She attended a state job fair and learned about the different jobs available at DHSS and decided to apply. She was particularly interested in a position as Social Services Administrator within the Division of Social Services. Even though she didn't have the exact qualifications, she applied for the position hoping she might get an interview. Within a few weeks, Deborah received notice that she had passed the first level of review and the position supervisor wanted to schedule her for an interview. She carefully prepared for the interview and when the day came, was ready to make a big impression.

With improved job descriptions, hiring processes and professional development programs in place at DHSS, the hiring manager interviewing Deborah will be able to:

- » Get candidates from a variety of sources because open positions are posted to many sites and shared with many organizations to increase the pool of qualified applicants.
- » Know that the applicants who apply for the job are applying based on a job description that fully and accurately describes the work they will be expected to do and the qualifications they will need to be successful.
- » Quickly screen applicants and set up interviews with those who meet the qualifications and have the best experience and backgrounds within just a couple of weeks of the job posting closing.
- » Hire someone like Deborah, who may not have all the specific experience but has the right skills, talents, and desire to grow into the work and learn because there are programs in place for training, mentoring, and professional development that will support Deborah to be effective in the job.
- » Keep a good employee like Deborah because her salary matches her current skill level, and she has room to earn a higher salary as she grows and learns more in her role.

Strategies:

1. Partner with the **Department of Human Resources** to identify opportunities for reform based on pending report on the state's pay system.
2. Enhance the process for monitoring contracted provider outcomes, including through feedback loops and an assessment of consolidation of contractor oversight, such as a **Provider Relations Unit**.
3. Focus on improving **DHSS structure** to enhance alignment and workforce needs, including 3 to 5 senior leaders who focus on key domains of disabilities, human services and population health.
4. Develop **sets of core competencies** for staff related to the following: 1) certification or licensure required for position, 2) knowledge or skills needed to perform position, 3) a baseline understanding of financial planning and grants management (as appropriate) and 4) support for new supervisors and managers.
5. Revise **job descriptions** to accurately describe duties and functions expected to be performed by DHSS staff. Descriptions should redefine scope of roles to maximize efficiencies and reduce redundant activities/functions, and articulate expectations for cultural competency, language proficiency and inclusion of a diverse workforce.
6. Conduct **analysis of workload** to staffing ratios across divisions, including use of seasonal/casual and contractual/temporary staff.
7. Create a **Leadership Development Mentoring Program** to support succession planning and building future managers and division/Department leadership.
8. Implement new staff **support and management tools** such as career development plans, and "how-to tips" for new supervisors and managers.
9. Implement **staff cross-training** focused on DHSS-wide programs to ensure guidance of clients to the appropriate and available services.
10. Establish a **Next Step Mentoring Program** across DHSS (using model in place within Social Services/DSAAPD/State Service Centers/Child Support Services).
11. Identify opportunities to leverage the **Selective Placement Program** and incorporate additional opportunities for people with disabilities into the DHSS workforce.
12. Develop a **marketing strategy** for DHSS job opportunities to increase volume and quality of potential candidates.
13. Develop **clear performance criteria** to evaluate permanent, seasonal/casual, and contract staff.
14. Develop a **succession planning approach** for retiring staff that includes process for transitioning new staff into pending vacancies.

Key Performance Indicators:

- » Improved employee satisfaction as measured through annual employee survey described in Goal 4.
- » Reductions in length of time to fill vacant DHSS staff positions.
- » Improved Department ability to recruit the level of talent needed to fulfill the skillset required to efficiently perform the role as measured by hiring manager satisfaction survey.
- » Improved employee retention as measured on an annual basis.
- » Increase in the number of staff participating in and completing established leadership/mentoring programs.
- » Increase the number of hiring managers in training on the use of selective placement.

Integrated Data Systems

DHSS should have an enterprise data strategy, with a lead Chief Information Officer within the Office of the Secretary, that manages a central data warehouse of integrated client, financial, and outcomes data. We need data governance, policies and procedures to foster better service coordination, improve client navigation, and monitor quality and performance indicators. Our technology systems should link to other state agencies and our private sector partners.

GOAL 4: Enhance and integrate data to support data-driven decision-making and increase access to shared information within the Department, its divisions, and across the state.

Objective 4.1: Implement an integrated service delivery system across the Department that incorporates all divisions and reduces redundancies that create challenges for people to access department services

Objective 4.2: Develop policies and procedures to support integration of key practice drivers across department services: screening and intake, assessment, case planning, delivery of services, and evaluation

Objective 4.3: Establish Department-level data sharing agreements that set clear legal guardrails, roles, and responsibilities

Objective 4.4: Establish Department-level program performance and evaluation metrics to continuously track and monitor the success and outcomes of data integration efforts and the impact on Department budget, staff productivity, and service provision to clients

Objective 4.5: Build data analytics and decision-making capacity and competence at the enterprise level and within each division

“Future-State” Case Study: *Using Data Effectively to Support Clients*

Anita was working hard to make ends meet, but somehow after her last job ended as an informal caregiver for an elderly man with multiple physical disabilities, things just seemed to get worse. Anita has two young children, and had a difficult time making ends meet based on her minimum-wage job with no benefits. Her children were in the local public school and in subsidized child care. Yet she found it stressful keeping up with the things they needed, like clothes, shoes, winter coats, etc. The children’s father, from whom Anita was recently divorced, was not good about financial support for the children, so Anita could not count on him consistently for help. Finally, after staring at empty cupboards for a week and seeing her children hungry, Anita decided it was time to apply for benefits with the state, where she could get help for a variety of things she needed.

Through streamlined data-sharing across divisions with new data-sharing agreements, privacy protections, and more efficient information technology systems, Anita will be able to:

- » Download the Delaware 2-1-1 app onto her phone to create an account that will let her load images of required identity and financial data for her children and herself such as birth certificates, her driver’s license, work paystubs, rent and utility bills. The app will give her a choice of allowing her information to be shared by all DHSS programs, or to provide information separately to each program.
- » Determine without having to physically go to a social services office all the different programs, benefits and amount of support she and her children are qualified to receive. She also can get a list of local community programs for her children to do afterschool activities that would cost her less than \$20/month, including meals and transportation.
- » Complete the eligibility and enrollment process for all the programs she and her children are qualified for online and do one electronic signature for all programs. She can set up a convenient one-hour video conference appointment to answer a few more questions with a case manager, who will help her finalize the paperwork and provided her a summary of all her new benefits, including Medicaid, SNAP, child care subsidy, child support services and a job skills training program.

Strategies:

1. Establish a broad **Confidentiality, Privacy, and Data-Sharing Policy Framework** that encompasses all of DHSS and is based on proposed data-sharing workflows that support the objectives of achieving a person-centered service delivery system that includes working with the General Assembly and Department of Justice (DOJ) on any required code changes.
2. Establish a **data governance** infrastructure across DHSS programs.
3. Develop **Data Use Agreements** across DHSS and with key state and local government partner agencies where appropriate.
4. Establish a **comprehensive universal client consent** form for all divisions within DHSS to share data that is compliant with state and federal laws, regulations and policies.
5. Educate clients, service providers, and key stakeholders about the benefits and challenges of sharing **client information** across divisions and programs, and client rights and responsibilities regarding their personal information.
6. **Develop curriculum** around privacy, security and data-sharing for staff and train on the Department's privacy, security and data-sharing policy, consent protocols and the technology supporting integration and data-sharing.
7. Identify ways to incorporate **integrated information about clients** for service providers directly contracted with the Department/Divisions to facilitate client access to needed services.
8. Create a **shared database of subrecipient (grantee) information** that can be used across the Department so subrecipients do not have to provide the same information to multiple divisions when applying for grants, services, and other resources.
9. Leverage **restructure of IT department** to improve internal processes including a gap analysis of IT technology utilization and need across DHSS, including management of the risk of the statewide IT restructure.

Key Performance Indicators:

A documented plan forward to integration based on a clear understanding of the Department's current and future technology solutions and needs.

Improved data analytics and decision-making capability and capacity across the Department as measured by:

- » The development and implementation of a DHSS-wide universal authorization tool
- » Increasing the number of shared data and information to allow aggregation across the Department
- » Increasing the number of individuals with data analytics capability

Communications and Outreach

DHSS must implement innovative modes of communication to improve awareness, access, quality, convenience, and cost-effectiveness of our services. We should communicate with our customers in ways that are accessible and easy for them, including making information available in other languages and formats, such as for those with hearing or visual impairments. For example, this includes new modes of communication, such as a DHSS navigator mobile application, online appointment scheduling, or home-delivery of services to benefit individuals and families.

GOAL 5: Promote inclusive and routine **communication** among DHSS leadership, staff, stakeholders, and clients.

Objective 5.1: Promote a customer-centered culture

Objective 5.2: Establish a team of DHSS staff that report to the Office of the Secretary regarding communication and stakeholder engagement

Objective 5.3: Enhance the role of communications staff who support each Division and who work collaboratively to ensure accurate, timely, and relevant information is communicated both internally and externally

Objective 5.4: Expand the use of technology and other electronic tools to enhance communication internally and with stakeholders and the public

“Future-State” Case Study: *Improving Communications to Better Quality of Life*

Scenario: Toby was thrilled he was about to graduate from high school. He wanted to work in customer service because he loved talking to people, smiling, and saying thank you. Toby’s developmental delay and cerebral palsy made it hard sometimes to interact with people, but he worked hard to overcome those challenges and really enjoyed it. Toby had a job at Bank of America and made a decent salary. He needed help with transportation to get to work, and to occupational and physical therapy biweekly, plus a number of medical appointments for a heart condition, orthopedics, and neurology care. He was living a good life and proud of all he was doing. Yet one thing really worried Toby - what would happen when his parents would not be able to help him at home anymore. Toby needed to think about the future.

Through its new Department-wide communication analysis, DHSS identified improved communications with persons with disabilities and their families as a high-priority, and developed a strategy for engaging this population in ways that will benefit Toby by:

- » Making sure that Toby and his family get information about available services and programs, such as the Division of Developmental Disabilities Services (DDDS) Lifespan Waiver program, which could help support Toby in being able to stay in the community when his parents are no longer around.
- » Improvements made to the Lifespan Waiver enrollment and recertification processes after hearing from Toby and his family through a listening tour about the issues they encountered when trying to get Toby enrolled.
- » Changing the policy on transportation benefits based on input from Toby and several other service recipients and family members about gaps because of program rules when they participated in a transportation benefit focus group.

Strategies:

1. Create a Department-level **communication strategy**, with division-level priorities, that includes a specific focus on high-priority/ high-sensitivity areas.
2. Develop **standard and structured mechanisms** to include stakeholder input and feedback on important policy and program changes at both the Department and division levels before they are implemented.
3. Conduct “**listening tours**” where Department and relevant division leadership meet with key stakeholders and client constituencies at minimum once per year to hear their feedback, ideas, suggestions, and successes; incorporate learnings into policies and programs when/where possible.
4. Conduct a **comprehensive gap analysis** to identify and prioritize communication across the Department and divisions with staffing plan, website and social media.
5. **Redesign the current website** to allow for ease of updates and sharing of information in a timely manner. Develop a strategy and protocols to incorporate: 1) website management training for new staff/refresher course; 2) a common look and feel across DHSS/division pages; 3) strategies to streamline process to update content; and 4) improved social media strategy.

Key Performance Indicators:

- » Measurable positive changes year-over-year in staff understanding of a person-centered service delivery culture as measured through annual employee survey described in Goal 6.
- » Improved stakeholder communication and engagement as measured through annual client and employee survey described in Goal 6.
- » Tracking of communications and stakeholder engagement activities and results of those activities by the Department and by division.

Planning for Success

The needs of our customers are constantly changing and how we deliver services to meet those needs is becoming ever more complex. Our employees must be able to manage those changes and adapt our policies, procedures, and operations to meet them. This includes having staff with special training and skills to support project management, quality improvement, and stakeholder engagement. They can support Department-wide and division-level work to improve service delivery and to include employee, stakeholder and customer input into the processes.

GOAL 6: Strengthen the **department-wide planning structure** to support continuous improvement and increased efficiency, including routinely capturing feedback from staff, customers, and stakeholders.

Objective 6.1: Better leverage existing planning resources and advocate for additional fiscal, human and technology resources to enhance the department's planning capacity

Objective 6.2: Develop and strengthen project management skills within DHSS divisions.

Objective 6.3: Create a DHSS leadership governance body to oversee the implementation of the strategic plan

Objective 6.4: Use a centralized planning group at the staff level to support the work of the governance body and to track and report on strategic plan progress

Objective 6.5: Establish routine survey and data collections timeframes for feedback from staff and stakeholders on the work of the department

“Future-State” Case Study: *Planning for Success*

A division within DHSS received a federal grant to support new outreach and prevention efforts to stop the spread of HIV in Delaware. The grant needed to be coordinated with several other HIV programs within DHSS and with external organizations. It also required a significant amount of data collection and reporting, creation of a communications campaign, and management of several new field staff. The grant also had a client feedback element, which required the division to create and disseminate a customer satisfaction survey. The DHSS project lead was responsible for development of the grant budget and work plan that allowed for required reporting to the federal program officer, as well as within the division and across DHSS to ensure successful management and implementation of this important funding.

Because DHSS has established a new internal planning and management approach and infrastructure, the project lead for this new federal grant was able to:

- » Follow a structured DHSS budget planning process that ensured accountability through Department-wide and division level planning activities, staffing, and technology to successfully implement and accomplish the grant requirements.
- » Rely on standardized processes created to provide sufficient time for both division level and Department-wide conversations on important planning processes such as: adhering to federal, state, and Department policies; setting up necessary data collection for grant reporting; and identifying any specific technology or IT solutions required by the grant.
- » Access the Department's survey support team for help designing, disseminating, and analyzing the client survey to make sure that it captured the important information from clients, and that it met the federal grant requirements. The process also aligned with DHSS' regular survey process, which is used to conduct annual customer and employee satisfaction surveys, and to gather feedback from staff, clients and stakeholders on service improvement needs and gaps.

Strategies:

1. Assess **program management and planning capacity** in each DHSS division and develop a plan to build capability as needed.
2. Establish support for **executive services** to assist with Department and division planning work.
3. **Develop a budget** planning process that reflects support necessary to ensure Department-wide and division level planning activities, staffing and technology are part of the Department's annual budget requests.
4. **Develop standardized processes** that provides sufficient time for DHSS-wide conversations on important planning processes (budget, policy, grant applications, etc.).
5. Implement an **annual customer and employee satisfaction surveys** and/or regular process for soliciting feedback from staff, clients and stakeholders on service improvements, along with a statewide interview survey of needs and gaps. Develop and implement a structured plan based on findings from the surveys.

Key Performance Indicators:

- » Cohort of staff trained in project management who will use those skills to improve project work across the Department and within the divisions and be champions of improved project management.
- » Achievement of overall planning goals and Strategic Plan implementation on target.
- » Improved stakeholder communication and engagement as measured through annual client and employee survey.

APPENDICES

**Appendix A:
Steering Committee Membership**

Steering Committee Member	Title	Division
Brian Bayley	Social Service Administrator	Division of Services for Aging and Adults with Physical Disabilities
Renee Beaman	Director	Division of State Service Centers
Lisa Bond	Director	Division of Management Services
Marissa Catalon	Deputy Director	Division of Developmental Disabilities Services
Cassandra Codes-Johnson	Associate Deputy Division Director	Division of Public Health
Steven Costantino	Director	Health Care Financing and Reform
Christine Cressler	Social Service Chief Administrator	Division of Social Services
Gabriela Kejner	Chief of Staff to Secretary Walker	Office of the Secretary
Mark Letavish	Deputy Director	Division of Health Care Quality
Molly Magarik	Deputy Cabinet Secretary	Office of the Secretary
Cynthia Manlove	Deputy Director	Division of State Service Centers
Theodore Mermigos	Director	Division of Child Support Services
Sandi Miller	Acting Director	Division for the Visually Impaired
Dava Newnam	Director	Division of Services for Aging and Adults with Physical Disabilities
Marie Nonnenmacher	Director	Division of Developmental Disabilities Services
Mary Parker	Deputy Director	Division of Management Services
Takeya Perez	Chief of Policy	Division of Social Services
Elizabeth Romero	Director	Division of Substance Abuse and Mental Health
Elisabeth Massa	Executive Director	Delaware Health Care Commission
Deborah Talley	Acting Deputy Director	Division for the Visually Impaired
Janet Villarreal	Social Service Chief Administrator	Division of Management Services
Yrene Waldron	Director	Division of Health Care Quality
Lisa Zimmerman	Deputy Director	Division of Medicaid and Medical Assistance