

# FEDERAL

- Openness & transparency of the public in the services we provide
- Forme strong partnerships and alliances, esp. in implementation
- Build 1 national center
- Bring back flexibility eg. waiver
- Share's number of knowledge skills and attributes - making it right
- Stand ready to listen to the field and support the field with the right policies
- Provide timely and useful data
- Polite research funds
- Collaboration across federal agencies and departments

Look at Childhood Development in areas (comprehensive long term)

Connect HomeCare programs for children with the health care system - together on one case - no fragmentation

WE WANT LEADERSHIP FROM THE FIELD

Client-Centric

Improve our capacity in implementing strategies from the field

Push the story of HomeCare into the broader organization of HHS

Federal leadership committed to openness, aka an interoperability

# STATE

"It's all about working independently together."

## ENABLING INTEROPERABILITY

- Advocate for progress within the counties
- Be a convener for change
- Be a facilitator and a watch dog
- Work plan, meet together regularly
- Go for quick wins
- Single vision, single voice
- Joint opportunities of finding
- Don't lose sight of current operational needs
- Share your model and expertise
- Administration & political change
- Single operation or full competitor spirit
- Common vocabulary (taxonomy)
- Common business reference models
- Being able to adapt to change quickly, agility

Did you find another way?

Did you find another way?

Did you find another way?

# COUNTY

## CHALLENGES

- Shift in Cultural change
- Union issues
- Civil Service issues
- Finances
- Personnel, resources, resources
- Confidentiality & privacy laws
- Increase in staff numbers
- Information portability

## ENABLER

- Physical space reflects integration
- Training, training, training
- Customer-centric
- Integration through a continuum of care
- Focus on patient navigation
- Case navigators/ambassadors
- Technology upgrades, integration
- Community organizers/connectors
- Single government structure
- Public/private partnerships
- Business process engineering

## NO WRONG DOOR

- Shared Information
- Clear business plan
- Technology assessment
- All stakeholders together at the table
- Shared Vision
- Broad stakeholder assessment
- Change Road Map

# PRIVATE PROVIDER

- Representing the voice of the Community and providing access to consumers
- Prepared for community-based service delivery
- Effective at doing more with fewer resources
- Delivering direct services 24/7
- Open to receive bi-directional information sharing to inform our work
- Dedicated to preparing our clients for success and delivering outcomes & results

Sharing a common consumer-centric vision with public sector stakeholders

Joining the table from the start of the visioning and planning process

# CONSUMER

Asi right-man family on Health Section 5, with Situations! A mother (labeled mental health issues)

MY FRIENDS SUSTAIN ME

- Being split up from siblings while in foster care - killed me
- Unlabeled treatment - not consistent treatment
- Medical records not shared resulting in repeating studies
- Case workers didn't share information when we changed to new one
- Our wishes were often not met
- Homeless at 18 yrs.
- Staying a program (Tom Street House) offered the opportunity to learn life skills

THE PEOPLE WHO WE LOVE

INTEROPERABILITY ISSUE

You lose yourself in the space of other wishes

## BUILDING MOMENTUM

How do we keep the momentum going and keep track of the progress as a community?

How do we change the circumstances to address current impediments to progress?

How do we define the value proposition for developing a consumer-centered interoperability model across the entire continuum of services?

So what if we don't operationalize everything?

How can we elevate and find best practice models as examples of the best for standards? How can we foster the environment?

How would all three levels of government support consumer-centric implementation of national standards?

How will the Federal Government, in its role as a major stakeholder and not in a consensu or policy setting way, guide the level of performance in Health & Human Services

## EXPERIMENTATION - PILOTING

How will we do something publicly that will show success and inspire others?

How can California try out some of the info-sharing ideas presented at this conference without waiting for new systems to be built?

How do we take our Social Services "brand new" business intelligence and make it an interoperability across other systems?

## NATIONAL STANDARDS

How are national standards around a Health of Human Services Architecture best built?

# From Field to Fed

## CO-OPERATION

How do we create the insight needed to close the will to invest in Human Services infrastructure or a novel equivalent to Health Care?

How will we move from parallel interests to truly shared interests when we are all "invited" to the table?

How will we help government officials understand the benefits to obtain their buy-in?

How will we incentivize local flexibility?

## DREAMS

How do we actually develop an interoperability framework/architecture standard, what happens to existing projects that are mid-stream?

## FEDERAL FUNDING

How can we develop a national funding framework across to recent integration between Health & Human Services?

How will we change the silo funding paradigm to be citizen-centric?

Can the Federal funding create innovative approaches that specifically are aimed at interoperability?

With the context of the HHS enterprise being a mid priority stakeholder, how will a new funding model support federal collaboration and an enterprise architecture across POC/POICS

What is the possibility of functional interoperability, i.e. Fiscal & Program Reporting Integration leading to planning and outcome linkages?

## BALANCE

How do we involve consumers in our planning and execution?

How do we create the knowledge and capacity of providers in the community to deliver the vision?

How can we conceive a meeting with ACE on waivers with all the people who have done this starting with co-waivers?

How can interoperability support integrated case management at local levels?

How can we conceive a meeting with ACE on waivers with all the people who have done this starting with co-waivers?

Accountability

Providing sufficient resources to meet the needs of those who are struggling

Transparency & Flexibility

Getting the stories straight