2021

DBHIDS ORGANIZATIONAL MAPPING

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Presented by:
Systems Integration Unit
Office of the Commissioner

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

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The Systems Integration Unit (SI) is a new unit, created in January 2020, within the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), tasked with seeking and implementing opportunities to align, coordinate, integrate and connect work across the department and with our sister city agencies and external organizations.   Our goals are to build collaborations, increase efficiencies, strengthen our internal processes and as a result, strengthen our overall system and impact of our work.

Our work is done with units from all divisions, across the organization and includes two pillars: 1. Internal integration and 2. External integration, and the following focus areas: a. Prioritizing to Address our Changing Environment (P.A.C.E), b. Addressing the Social Drivers of Health (SDOH), and c. Addressing Trauma, Achieving Equity and Engaging Community (TEC).

In 2020, we completed an comprehensive assessment of the system to begin crafting a strategy to tackle large bucket opportunities to effect change. Our assessment yielded the following opportunities:
1. Creation of a P.A.C.E. Priority Advisory Group to align funding with P.A.C.E. goals.
2. Support processes to ensure clarity around roles, responsibilities, decision making.
3. Share information across the organization.
4. Address priorities and our meetings driven culture.
5. Complete an organizational map across the department.
6. Utilize units that perform cross divisional work to create a systems integration framework.
7. Create a more inclusive culture across the seven divisions.
8. Elevate the voices of staff with lived experience, to give DBHIDS leadership instructional feedback that can impact policies and program development.

Over this past year, 2021, we delved into and completed the organizational mapping process. This report focuses on that process and the information and recommendations we received after meeting with 40 units across the 7 divisions. Several key areas were discussed, allowing for continuity in our discussions, but also allowing for micro and macro observations and recommendations. With this baseline report, we look forward to the continued implementation of recommendations identified by all of the units, and creating a space for continual feedback and improvement.

INTRODUCTION

The original purpose of this project was to understand where and how work was happening across the department. We quickly realized the larger opportunity to gather data sets that could be useful to everyone across the department. With an expanded vision in mind, we gathered information in broad categories where we observed pressure points in the systems, (e.g., the number of meetings and workgroups), and the number and frequency of reports produced. We also included some common themes that we consistently heard around challenges with resources, staffing and others.

The additional opportunities in collecting this information included making strategic decisions about how work might be better streamlined, efficient and coordinated.

Below details what we hoped to accomplish in this effort:

1. Understand where activities are housed and how they are implemented
2. Identify where there is capacity to take on additional projects across the department. Understand the scope and breadth of work happening across the department.
3. Identify opportunities to streamline work, better utilize and/or secure new resources, to ensure maximum efficiency, effectiveness and alignment with divisional goals.
4. Align priorities for new and existing projects.
5. Align, Coordinate, Integrate and Connect work throughout the department.

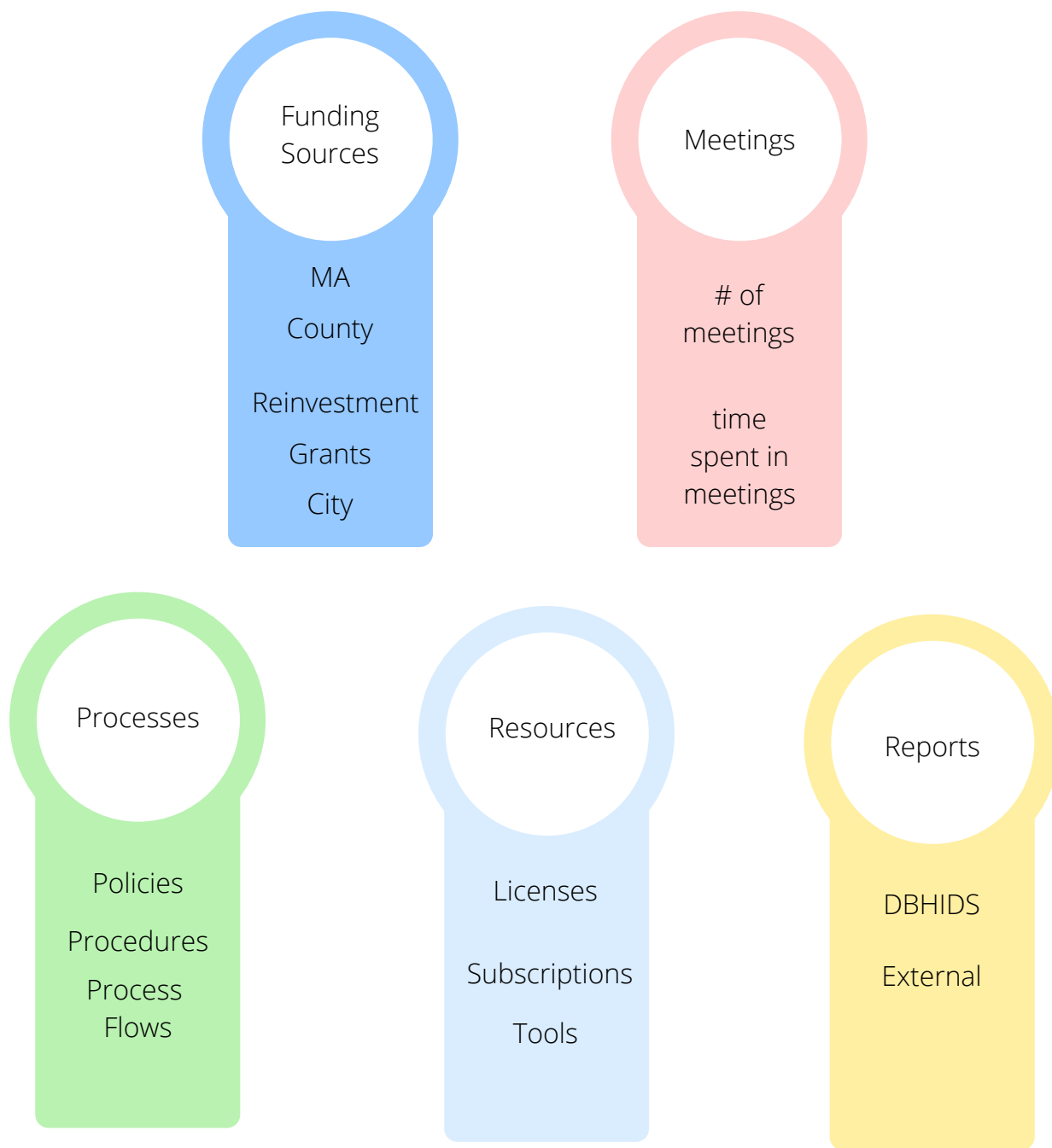PURPOSE OF THE ORGANIZATIONAL MAPPING PROJECT

The organizational mapping process occurred over the past 12 months and has been implemented as follows:

1. Met with 40 units across the 7 divisions for one hour each. (January 2021 - September 2021)
2. Requested each unit to complete an organizational mapping tool and submit any supporting documents related to policies, processes and procedures and general feedback about any challenges or concerns experienced by that unit. Units were given 4 weeks to complete. See Appendix D. (January 2021 - September 2021)
3. Followed up on the collaborative recommendations formulated during the org mapping process interviews with each unit. Approximately 150 opportunities to Align, Coordinate, and Integrate (ACI) were identified and addressed. See Appendix A. (February 2021 - November 2021)
4. Mapped all the recommendations using the lenses of - P.A.C.E., TEC and SDOH. See Appendix B.
5. Met with division leads to review all feedback and collaborative recommendations developed with their staff. (October 2021)
6. Met with division heads and their leadership to review tailored organizational mapping presentations for each division. Each presentation included information solicited from that division only. Discussion was held that contributed to additional recommendations and discussion on opportunities that are feasible to implement. (November 2021)
7. Meeting with Executive Management to review the full organizational mapping report to solicit feedback and plan for broader recommendation implementation in 2022. (December 2021)

<u>Limitations to the data collected</u>

	Processes	Meetings/Workgroups	Reports	Resources
% Missing	22.22%	8.33%	22.22%	38.89%
% Completed	78.78%	91.67%	78.78%	61.11%

METHODOLOGY

Information was collected using an organizational mapping tool, with the below sections and subsections. Staff were requested to include as much information as they were aware of and to provide general comments, challenges and recommendations to better implement their work.

Funding Sources

MA

County

Reinvestment

Grants

City

Meetings

# of meetings

time spent in meetings

Processes

Policies

Procedures

Process Flows

Resources

Licenses

Subscriptions

Tools

Reports

DBHIDS

External

INFORMATION COLLECTED

We met with and received input from the following Divisions/Units across the department:

Planning Innovation
1. Community Wellness and Engagement Unit (CWEU)
2. Diversity, Equity, and Inclusion (DEI)
3. Trauma Response and Emergency Preparedness (TREP)
4. Community Based Services Development Unit (CBSD)
5. Peer Culture and Community Inclusion Unit (PCCI)
6. Education and Training Unit*
7. Research Evaluation
8. Community Empowerment Unit (CEU)
9. Systems Integrations Unit*
10. Communications

Administration, Finance, and Quality
1. Fiscal/ Contracts
2. Enterprise Data Services
3. Quality Management
4. Procurement
5. Human Resources
6. Managed Services Division
7. Network Improvement Accountability Collaborative (NIAC)

Behavioral Health
1. Single County Authority (SCA)
2. Provider and Program Management (PPM)
3. Behavioral Health Crisis Intervention Services (BHSI)
4. ADAPT*
5. Targeted Case Management (TCM)
6. Housing & Homeless Services
7. Clinical Coordination Unit*
8. Continuity of Care Team*

cont'd

Chief Medical Office
1. Advocacy and Policy
2. EPIC/PACTS
3. Health Promotions
4. Operations/ Suicide Prevention Task Force
5. Crisis Continuum of Care
6. Philadelphia System of Care

Community Behavioral Health
1. Member Services
2. Innovation and Grants
3. Cross Systems Integration
4. Adult Services
5. Children's Services

Intellectual disAbilities Services
1. Adult Services
2. Early Intervention

Behavioral Health and Justice Division
1. Director

*Several organizational shifts occurred following the collection of the data. The above lists reflect the data collected in 2021.

Since this data was collected, the following organizational shifts occurred:

Unit	Previous Division	Current Division
Education & Training	Planning Innovation	Administration, Finance, & Quality
Systems Integration	Planning Innovation	Commissioner's Office
ADAPT	Behavioral Health	Chief Medical Officer
Clinical Care Conferences	Behavioral Health	Chief Medical Officer
Continuity of Care Team	Behavioral Health	Chief Medical Officer

DIVISIONS/UNITS REPRESENTED

With the diversity of funding that DBHIDS manages, we wanted to explore with staff, if there were any unique opportunities and/or challenges in implementing new or sustaining existing programming. Moreover, we wanted to uncover if there are unique opportunities to think about braiding funding, partnering with new organizations and the philanthropic community. Below summarizes feedback from staff.

Observations/ Feedback:

1. DBHIDS has one of the most diverse funding pools of any city agency. The funding sources throughout the department include: Medical Assistance/Medicaid (MA), Reinvestment, Administrative, County, City, Grants.
2. The diversity of funding allows DBHIDS to be less impacted by City funding cuts, than other city departments.
3. Division leads can benefit from understanding and tracking funding for programs that where they have oversight to: a) decrease underspending that may occur in with providers, and b) plan for priorities to achieve departmental objectives (including internal staffing/ resources and contracts with providers/consultants, etc.).

Challenges:

1. Creating divisional budgets.
2. Reinvestment dollars are time limited.
3. DBHIDS work is expansive and additional resources are often needed.

Recommendations:

1. Develop divisional budgets and educate Executive Management (EM) on city fiscal processes.
2. Ensure that funding is in alignment with P.A.C.E. priorities.
3. With the diversity of funding, map out allocations and identify any possible flexibilities.
4. Include a plan for sustainable funding sources in project charters.
5. Encourage units to identify a vision of what a fully supported/ developed unit needs.
6. Encourage divisions/units to strategize use of garnering additional dollars to support community programming and utilize as a sustainment approach.

FUNDING

All units were requested to record all of the meetings attended by all unit members. Some units entered meetings that were led by their staff or meetings that only involved unit members such as group check ins. Others included every meeting attended.

We were interested in all of the meetings without discretion, as we wanted to look at the following: 1) Meeting topics with descriptions, 2) Internal versus External led meetings, 3)Number of people within the same units/divisions attending the same meetings, 4) Amount of time dedicated to attending meetings.

With this information, we can think about: 1) Decreasing duplication in meetings, 2) See the agency's involvement in various meeting themes and with external partners, 3) Make recommendations about decreasing attendees and offering resources for information to be shared across units/divisions, 4) Decrease meeting fatigue by understanding how much time we're spending in meetings, 5) See similarities or gaps so that new meeting/workgroups aren't created unnecessarily, and or are created where they may be gaps.

Meetings and Workgroups Dashboard (see Appendix B)

Division	Duplicated Meetings Listed
Planning Innovation	225
Behavioral Health	185
Administration, Finance Quality	97
Chief Medical Office	59
Behavioral Health and Justice Division	37
Intellectual disAbility Services	132
Community Behavioral Health	77
Total number of duplicated meetings	812
Total number of unduplicated meetings	613

Observations/ Feedback:
1. DBHIDS has a vast scope, working with most city departments acting as a lead or support to a multitude of issues.
2. There 812 meetings identified across the department
3. Of those 613 meetings are unique
4. Of the meetings identified, more than half of the meetings are attended by multiple units within the same division.

cont'd.

Challenges:
1. Rethinking how work happens. How is information disseminated. How is accountability determined
2. Ensuring that there are feedback loops to disseminate information back to division heads or other parties that need to know.

Recommendations:
1. Create a meeting inventory and identify the following: a) what is duplicative and can be combined, b) who is necessary to attend from division, c) any gaps. The goal of this recommendation to ensure that we are ACI across divisions and the department, as well as ensure we are working as smart and efficiently as possible.
2. Identify where there is duplication, where efficiencies can be created and if there are any gaps.
3. Identify what we think is no longer needed.
4. Implement feedback from the meetings driven culture focus group findings
5. EM to engage in a discussion on:
    a. Priorities and what meetings/workgroup still need to exist,
    b. Evaluation on where work is situated and if it is in the right space in the department,
    c. Reviewing business leadership books that can support shared culture and priorities as well as tools to assist managing the volume of work (e.g. book titled *Essentialism* to evaluate priorities, logic models, utilizing staff more effectively)

MEETINGS

Building on the collection of policies already housed on the intranet, collecting and centralizing programmatic policies, to make those policies available to staff across the department was the focus of this data collection effort. Obtaining and centralizing this information is important to document divisional processes, and can be used to help orient new employees, and ensure information is not lost, when employees leave the department.

Processes Dashboard (see Appendix B)

Division	Unduplicated Processes Listed
Planning Innovation	23
Behavioral Health	57
Administration, Finance, Quality	19
Chief Medical Office	5
Behavioral Health and Justice Division	3
Intellectual disAbility Services	35
Total number of unduplicated policies/processes	142

Observations/Feedback:
1. The tremendous scope of DBHIDS's work, and the number of state and federal regulations that DBHIDS has to adhere to, lends to the need for a considerable number of written policies and procedures.
2. The department (excluding CBH), has 142 identified policies of which some are centralized on the intranet, but not all of them.
3. Some processes are not formally written and would be helpful to document.
4. Determine if there are policies already in place by one unit or division that can be shared/ adapted for another unit/division.

Challenges:
1. Collect all the policies and formatting for centralization
2. Ensuring agreement on policies that may be transferable
3. Documenting policies that may not be documented.

Recommendations:
1. Collect, centralize all programmatic processes, policies and procedures on the intranet or where feasible.
2. SI to work with units/divisions that might have similar business needs/ plans and ACI.
3. Ensure there is a "DBHIDS way", of doing work that may be similar, across the department.
4. Review if any processes are not documented and document these processes. Review the need for programmatic policies and support units to create.

Understanding the data collected, through various reports across the department, and thinking about how to cross reference data to drive decision making, is the exciting opportunity, collecting this information has provided. The number of reports is not inherently an issue to fix unless there are unnecessarily duplicative reports. The ability to have a view in, to think critically about ways to leverage the work of multiple units, in addressing a shared challenge or serving a target population, is the work we will embark upon, with division/unit leaders, in the coming year.

<u>Reports Dashboard (see Appendix C)</u>

<u>Division</u>	<u>Unduplicated Reports Listed</u>
Planning Innovation	95
Behavioral Health	107
Administration, Finance, Quality	57
Chief Medical Office	28
Behavioral Health and Justice Division	11
Intellectual disAbility Services	51
Total number of duplicated reports	349
Total number of unduplicated reports	172

Observations:
1. DBHIDS collects and reports on a vast amount of information.
2. The Enterprise Data Warehouse (EDW) is a tremendous source of information and has reporting 39 dashboards and 45 applications that allow users to analyze data in depth.
3. Information collected in reports may be able to be leveraged. Similar report narratives may be able to be used for multiple reports.
4. Some reports have shared data points that are submitted through multiple reporting tools.
5. Report data is not leveraged/ work in concert with each other to trigger "actions"

Challenges
1. Creating a collection tool to capture narrative data to be tweaked and used for multiple reports.
2. Centralizing any information outside of what Quality Management collects to have single entry points for info that can then be filtered

Recommendations:
1. Work with Centralized System for Request (CSR) to further centralize and deduplicate data collected i.e, as many data points as possible into P.A.C.E. Share more information in general with Quality Management
2. Increase data points collected through P.A.C.E.- making P.A.C.E. more central and robust, for overall DBHIDS reporting
3. Annually, work with AFQ and CSR to identify all annual reports that need narrative responses, and consolidate- tweak as needed.
4. Share certain report cross unit/ cross division to foster deeper collaboration and strategies.

The goal in collecting this information was to take an inventory of resources and tools available to staff across the organization, and to ensure all staff have the opportunity to utilize tools that will help them carry out their work as efficiently and effectively as possible.

Resources Dashboard (see Appendix C)

Division	Resources Listed
Planning Innovation	16
Behavioral Health	5
Administration, Finance Quality	17
Chief Medical Office	14
Behavioral Health and Justice Division	3
Intellectual disAbility Services	7
Total number of duplicated resources	62
Total number of unduplicated resources	41

Observations/Feedback
1. DBHIDS has a staff have access to a considerable amount of tools
2. Some units have access to more resources than others
3. Some resources should be universal
4. Some universal resources are not being utilized across the Department as efficiently as possible

Challenges
1. Limited licenses

Recommendations
1. Share resources where we are not limited to licenses.
2. Ensure all units have access to universal resources.
3. Identify best practices for using resources.

Funding
1. Develop divisional budgets and educate EM on city fiscal processes.
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4. Include a plan for sustainable funding sources in project charters.
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Processes

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Resources

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SUMMARY OF RECOMMENDATIONS

Systems Integration will lead and or support the advancement of the work outlined in this report, through the following deliverables:

Funding
1. P.A.C.E. Priority Advisory Group (formerly the P.A.C.E. Funding Strategy Group)- to review spending and make funding recommendations in alignment with P.A.C.E.
2. Support AFQ Fiscal role out of budget education for Executive Management.
3. Support AFQ as requested with further fleshing out onboarding and offboarding documents.

Meetings and Workgroups
1. Provide data sets to each division, detailing all the meetings attendees and descriptions to each division.
2. Evaluate the department wide data set to make recommendations around de-duplication, coordination and assessment of which meetings/workgroups may or may not still be needed

Processes
1. Collect and centralize more program related polices on the intranet (or feasible platform) so that information is made available across the department.
2. Identify opportunities where policies may be streamlined or leveraged by other units. Communicate those opportunities back to Executive Management.

Reports
1. Identify opportunities where the same outcomes, outputs and narratives reported in multiple places, can be centralized and utilized for multiple reports where possible, (e.g. P.A.C.E., narrative language for for budget testimonies, county plan, etc.)
2. Utilize information to make P.A.C.E. reporting more robust.
3. Use reports to further ACI across the department.
4. Use data to leverage work of other units/ divisions (e.g. all outreach and engagement units leveraging data to have more targeted/ strategic approaches)

Resources
1. Share with Executive Management, Directors and Supervisors, the types of resources the department utilizes, providing for the opportunity for divisions and units to be better equipped to carry out their work.

BRINGING IT ALL TOGETHER
SYSTEMS INTEGRATION
DELIVERABLES

Our methodology moving forward will include conducting cross divisional group discussions and creating workplans that ensure we follow through on agreed to, recommendations. We anticipate moving forward on this work in 2022 as follows:

- Meet with each division to create a work plan (inclusion in P.A.C.E. projects) to follow up on any outstanding activities and recommendations. (January 2022 - February 2022)
- Create an Executive Management book club to present new ideas, discuss shared values and create a cohesive culture. (January 2022, and to meet quarterly to discuss a new book each quarter)
- Present the workgroup report on prioritization and meetings driven work culture to Executive Management. (February 2022)
- Begin Division Leadership quarterly conversations with staff that have lived experience. (March 2022, June 2022, September 2022)
- Assess and get feedback from all divisions, on the work completed between January 2022 - September 2022. (September 2022)
- Conduct feedback discussions and operationalization of an annualized feedback process. (October 2022 - December 2022)

Through this process, we will be flexible and adjust our approach if needed, to incorporate perspectives across the seven divisions to move forward as a department

In conclusion, this process has been incredibly helpful in establishing a "current state", from which we can think critically about how we work as a department. We will continue to discuss opportunities to streamline and refine certain processes to work more strategically, and feed information bi-directionally, and cross-divisionally. The recommendations and data shared in this report are meant to be used as a set of useful tools to equip staff, increase efficiencies, and maximize the impact of our work, so that ultimately, we can support the best possible outcomes for the people that we serve.

BRINGING IT ALL TOGETHER AND NEXT STEPS AND CONCLUSION

DBHIDS Organization Mapping project

- Interviewed staff across 7 divisions and 40 units.
- Data collected on: funding sources, staffing, meeting, processes, reports and resources.
  - Meetings: 812 duplicated, 613 unduplicated
  - Policies/Processes: 142 unduplicated
  - Reports: 349 duplicated, 172 unduplicated
  - Resources: 41
- 151 Follow ups completed across the 7 divisions
  - 140 P.A.C.E aligned
  - 119 T.E.C aligned
  - 70 SDOH aligned
- 27 system-wide recommendations to pursue in 2022
- 12 Systems Integration unit deliverables to pursue in 2022

QUICK FACTS

Thank you to everyone who has spent time with us over the past year, sharing your insights, completing and sending reports and contributing to moving this work forward. We'd like to acknowledge the following people and teams who participated in this process.

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Intellectual disAbilities Services
Kleckner Charles

Behavioral Health and Justice Division
Dr. Jean Wright

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