



JUNE - OCTOBER 2022

West Virginia Department of Health and Human Resources (DHHR) Organization Assessment & Strategic Plan

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EXECUTIVE SUMMARY

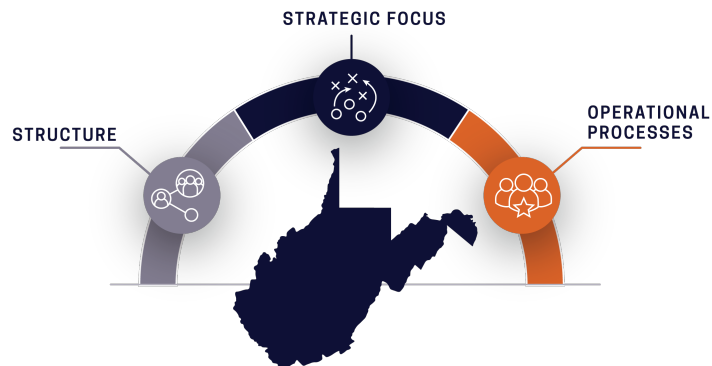
Context and Approach

In response to the veto of House Bill 4020 (HB4020), which mandated the split of West Virginia’s Department of Health and Human Resources (DHHR or “Department”) into two departments, the McChrystal Team conducted a 17-week top-to-bottom assessment of the Department. The assessment consisted of 65 interviews, the collection of more than 3,400 survey responses, and extensive document review, in addition to comparative analysis of health and human services outcomes and structures in other states. While conducting this organization assessment, the McChrystal Team also facilitated strategy alignment working sessions with DHHR senior leaders to develop a department-wide strategic plan.

Findings and Insights

The organization assessment shows a compassionate and committed workforce forms the cornerstone of DHHR. At the same time, current Department operations are not driving long-term improvements in state-wide health and human services outcomes. As such, indicators and outcomes in West Virginia continue to rank among the lowest in the country.

Through the analysis of the organization assessment data and the completion of the department-wide strategic plan, three primary findings and multiple insights emerged. The quantitative and qualitative data directly informed the recommended way forward in support of DHHR employees and in service to West Virginians.



- **Structure:** DHHR’s organizational structure needs improvements so its hard-working teams are better able to adapt to the rapidly changing environment of health and human service needs in West Virginia.
 - **Insight 1.1:** Without a formal executive leadership team guiding the strategic direction of the Department, communication with senior leaders and coordination across bureaus and offices are limited.
 - **Insight 1.2:** The absence of a core group of cross-bureau and cross-office connectors leads to siloed communication.
 - **Insight 1.3:** The Office of the Cabinet Secretary – including all administrative offices – rarely seeks proactive input from the bureaus, which impacts decision-making and service delivery.
- **Strategic Focus:** Bureaus and offices demonstrate a commitment to driving progress, but concurrent enduring crises in West Virginia’s health and human services environment increase the importance of DHHR operating from a department-wide strategic plan.
 - **Insight 2.1:** The lack of a department-wide strategy results in bureau-centric priorities.
 - **Insight 2.2:** The lack of a department-wide strategy also results in over-reliance on key leaders, further limiting collaboration and hindering teams’ abilities to effectively deliver services.

- **Operational Processes:** Process inefficiencies, combined with inter-agency dependencies, create barriers to teams receiving necessary resources and lead the workforce to operate reactively.
 - **Insight 3.1:** DHHR’s complicated funding environment is challenged by inconsistent processes and unclear roles, creating obstacles to service delivery.
 - **Insight 3.2:** Insufficient technology resources impede the processing of internal work and external service delivery.
 - **Insight 3.3:** A range of pervasive workforce challenges limits the Department’s ability to effectively deliver services.

To improve West Virginia’s health and human services outcomes, the **status quo is not an option; DHHR requires bold organizational change**. Successfully executing an organizational change of this scope requires significant investment in change management. However, **creating two separate departments is not the change required**, as doing so would divert time, funding, and leadership’s focus away from serving West Virginians. Rather than addressing the root causes of DHHR’s challenges, a split would exacerbate them by shifting the focus of central office teams and bureau leaders away from improving their support to teams in the field and toward the administrative requirements of the split. This shift in focus would disrupt DHHR’s ability to provide care and services to West Virginians.

Recommendations

While these challenges seem substantial, they are not insurmountable, and DHHR employees want to help the Department improve. To provide the highest likelihood of improved operations within DHHR and, ultimately, improved health and human services outcomes for West Virginians, **DHHR should remain a single department and focus all improvement efforts – to both structure and process – around the strategic plan designed to address the highest priorities within West Virginia’s environment**. Therefore, in the following recommendations, strategic focus precedes structure.

Strategic Focus

- Develop and then communicate detailed action plans to enable execution of each department-wide objective in the strategic plan.

Structure

- Establish an Executive Leadership Team (ELT) and align DHHR’s organizational structure to enable the execution of the objectives identified in the strategic plan.
- Deepen investment in leadership development throughout the Department, starting with the executive level and cascading throughout the organization.

Operational Processes

- Design and implement an operating rhythm for each department-wide objective in the strategic plan to improve communication and collaboration so DHHR can better understand and respond to the dynamic needs of West Virginians.
- Prioritize administrative process improvements after the detailed action plans for the administrative objectives are developed.

INTRODUCTION

Background and Context

The complex nature of the health and human services landscape in West Virginia has resulted in the state consistently measuring at or near the bottom nationally in several health and human services outcome rankings. West Virginia faces a series of intersecting challenges, ranging from an opioid epidemic and broader substance use disorders to a child welfare crisis, chronic physical and mental health challenges, and multiple barriers to accessing care and support services. These previously existing challenges were intensified by the COVID-19 pandemic and continue to severely impact the health and well-being of West Virginians today.

A selection of West Virginia’s health and human services outcome rankings among states include:

- Lowest for life expectancy¹
- Highest rate of drug-related deaths²
- Highest for percentage of minors in foster care³
- Second highest for food insecurity⁴
- 35th for access to care⁵

Many of these challenges have persisted for decades. Notably, poor health and social outcomes are often associated with a high incidence of poverty⁶. Therefore, it is not surprising that West Virginia, as one of the poorest states per capita in the nation, would rate low on these measures. The larger question is whether the State’s limited resources are being used as effectively and efficiently as possible to address these challenges.

Despite the efforts of committed and well-intentioned leaders and staff, funding increases, and proactive policy changes, the Department of Health and Human Resources (DHHR or “Department”), has struggled to this point to stabilize the delivery of programs and services while also adapting to a constantly evolving environment.

¹ United Health Foundation. (2021, December 8). America’s Health Rankings Annual Report 2021. Retrieved from <https://assets.americashealthrankings.org/app/uploads/americashealthrankings-2021annualreport.pdf>

² U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration. (2020). National Survey on Drug Use and Health - 2019 and Quarters 1 and 4, 2020. Retrieved from <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

³ Annie E. Casey Foundation. (2021). 2020 Kids Count Data Center. Retrieved, July 2022, from <https://datacenter.kidscount.org/>

⁴ United Health Foundation. (2021, December 8). America’s Health Rankings Annual Report 2021. Retrieved from <https://assets.americashealthrankings.org/app/uploads/americashealthrankings-2021annualreport.pdf>

⁵ United Health Foundation. (2021, December 8). America’s Health Rankings Annual Report 2021. Retrieved from <https://assets.americashealthrankings.org/app/uploads/americashealthrankings-2021annualreport.pdf>

⁶ Price, J. H., Khubchandani, J., & Webb, F. J. (2018). Poverty and health disparities: What can public health professionals do? *Health Promotion Practice, 19*(2), 170–174. <https://doi.org/10.1177/1524839918755143>

Examples include:

- Funding increases
 - DHHR’s state fiscal year (SFY) 2023 total budget is approximately \$7.5 billion, which includes both federal and state funding sources. From constituting 21.6% of West Virginia’s General Revenue Fund appropriations in SFY 2010⁷, appropriations to the Department increased by \$449 million to 27.3% of the State’s general fund by SFY2020.⁸
 - In 2020, the U.S. Department of Health and Human Services, Substance Abuse, and Mental Health Services Administration (SAMHSA) awarded a \$43 million State Opioid Response (SOR) Grant to DHHR’s Bureau for Behavioral Health’s SOR Team.⁹
 - In April of 2021, The West Virginia DHHR, Bureau for Children and Families was granted approval by the federal government to issue emergency supplemental allotments to households currently receiving Supplemental Nutrition Assistance Program (SNAP) as part of the ongoing response to COVID-19.¹⁰
- Policy changes
 - In 2013, Governor Tomblin approved the expansion of Medicaid under the Affordable Care Act to cover low-income adults.¹¹
 - In 2017, the legislature passed HB2620 requiring the creation of the West Virginia Office of Drug Control Policy (ODCP).¹²
 - In 2019, the legislature passed SB564, which led to the expansion of the Children’s Health Insurance Program (CHIP) to cover pregnant women.¹³

⁷ West Virginia State Budget Office. (undated). Current and Past Appropriations – Appropriations for FY 2010 – General Revenue Fund Appropriations. Retrieved from <https://budget.wv.gov/reportsandcharts/appropriations/Documents/GRAPP10.pdf>

⁸ West Virginia State Budget Office. (undated). Current and Past Appropriations – Appropriations for FY 2020 – General Revenue Fund Appropriations. Retrieved from <https://budget.wv.gov/reportsandcharts/appropriations/Documents/gr21app.pdf>

⁹ West Virginia DHHR. (2020, August 28). DHHR Awarded \$43.7 Million to Combat Opioids. Retrieved from [https://dhhr.wv.gov/News/2020/Pages/DHHR-Awarded-\\$43.7-Million-to-Combat-Opioids.aspx#:~:text=DHHR%20Awarded%20%2443.7%20Million%20to%20Combat%20Opioids%208%2F28%2F2020,continue%20its%20efforts%20in%20combating%20the%20opioid%20crisis.](https://dhhr.wv.gov/News/2020/Pages/DHHR-Awarded-$43.7-Million-to-Combat-Opioids.aspx#:~:text=DHHR%20Awarded%20%2443.7%20Million%20to%20Combat%20Opioids%208%2F28%2F2020,continue%20its%20efforts%20in%20combating%20the%20opioid%20crisis.)

¹⁰ West Virginia DHHR. (2021, July 4). DHHR Receives Federal Approval for SNAP Emergency Supplemental Allotments. Retrieved from <https://dhhr.wv.gov/News/2021/Pages/DHHR-Receives-Federal-Approval-for-SNAP-Emergency-Supplemental-Allotments.aspx>

¹¹ Bureau of Medical Services. (2013, May 2). Medicaid expansion. WVDHHR. Retrieved from <https://dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

¹² West Virginia Legislature. (2017, July 7). House Bill 2620. HB 2620 text. Retrieved from https://www.wvlegislature.gov/bill_status/bills_text.cfm?billdoc=HB2620+SUB.htm&yr=2017&sesstype=RS&i=2620

¹³ West Virginia Legislature. (2019, June 7). Senate Bill 564. SB 564 text. Retrieved from http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=564&year=2019&sessiontype=RS&btype=bill

As DHHR employees and West Virginia legislators know, it is important to not simply view these statistics as numbers in a report or policies on a page. They represent the lives of West Virginians, many of whom have complicated needs that require support from multiple programs and services. *Figure 1* depicts one fictional example of the evolving needs of a single-family household.

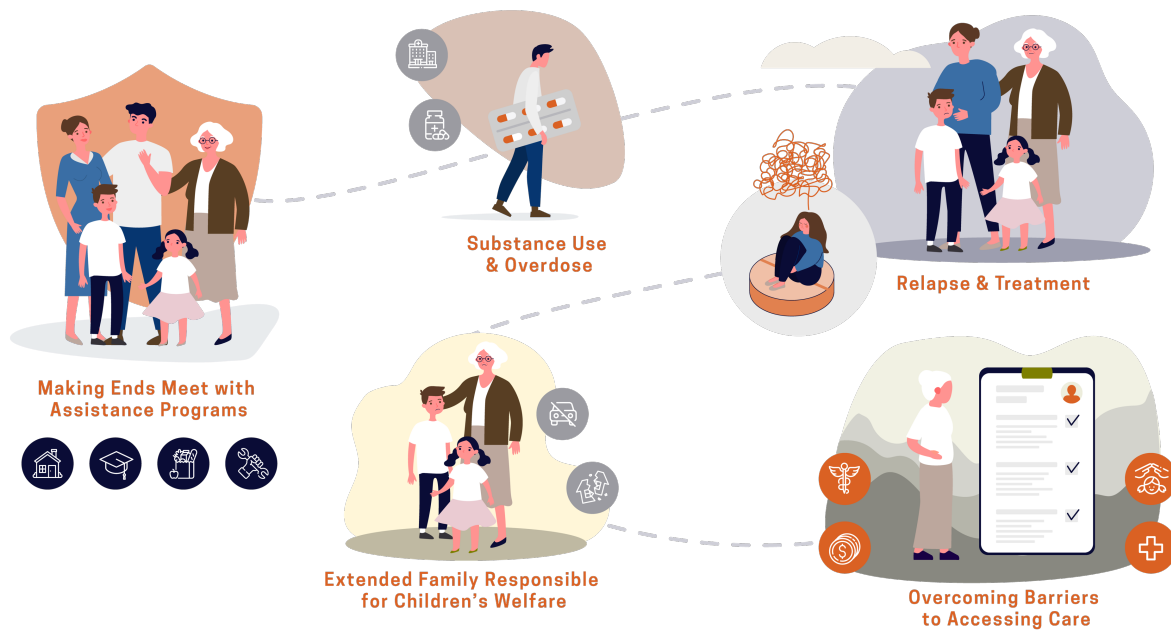


Figure 1

As this report proceeds through the organizational data in the *Findings and Insights*, this graphic will return the focus to the experience of this notional family representing many others throughout West Virginia.

With a focus on serving the needs of their constituents, legislators want to improve performance within DHHR. This led to the introduction of HB4020 during the state legislature’s 2022 regular session. HB4020 mandated a split of DHHR into two separate entities by July 1, 2022: a Department of Health and a Department of Human Resources. After the bill passed in the House and Senate, Governor Jim Justice vetoed the legislation because it did “not provide adequate direction on the many questions that must be addressed in this massive endeavor.” Governor Justice also acknowledged the challenges within DHHR and said he is committed to identifying the Department’s “issues, bottlenecks, and inefficiencies,” but emphasized “there should be no lapse in any vital support or services for the West Virginians who rely on DHHR.”¹⁴

In response to the Governor’s instructions to conduct a “top-to-bottom review of the Department,” DHHR leadership issued Solicitation HHR2200000002 to identify and partner with an outside vendor to complete a

¹⁴ Office of the Governor. (2022, March 30). Governor Justice vetoes bill splitting DHHR, additional bills. Retrieved from <https://governor.wv.gov/News/press-releases/2022/Pages/Governor-Justice-vetoes-bill-splitting-DHHR-and-vetoes-additional-bills.aspx>

comprehensive organization assessment and to develop a strategic plan that informs the Department’s decisions regarding “organization, structure, and strategic priorities.”¹⁵ The McChrystal Team was selected as that partner.

Approach

Over the course of 17 weeks, the McChrystal Team — comprised of the McChrystal Group and subject matter experts from the Human Services Research Institute (HSRI) — executed an integrated approach to deliver analytical insights into how DHHR operates based on a proprietary organization assessment along with a proven strategy alignment process. The integrated approach is shown in *Figure 2*, and additional details are described below.

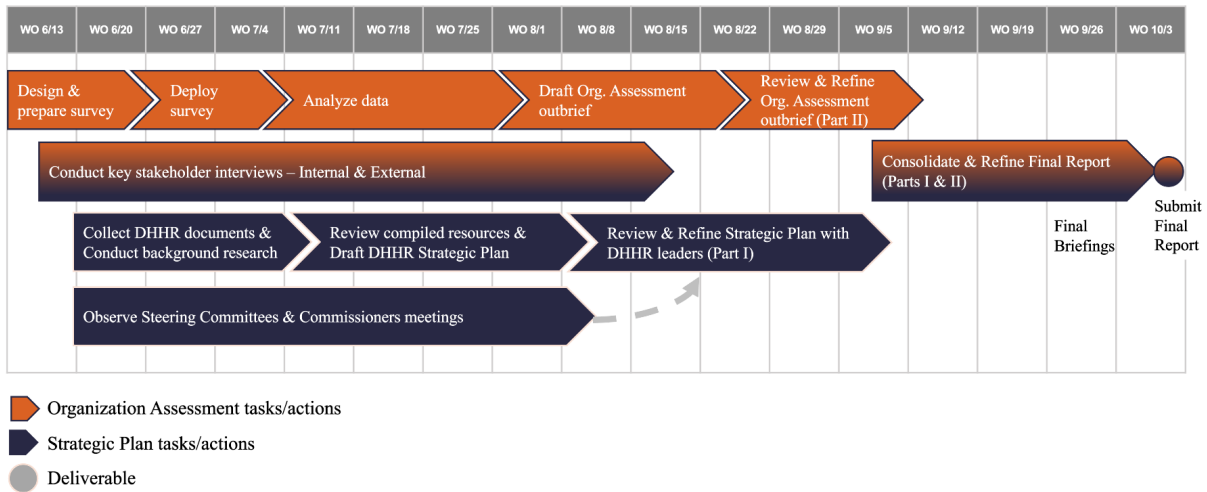


Figure 2

Organization Assessment

Utilizing McChrystal Group’s methodology refined over more than 10 years of performing organization assessments within complex federal, state, and local organizations, as well as with Fortune 500 companies, the McChrystal Team conducted a multi-faceted organization assessment. This assessment consisted of analyses of the qualitative and quantitative data that resulted from key stakeholder interviews, reviews of DHHR documentation, and deployment and use of proprietary organizational performance and network analysis tools. The McChrystal Team’s subject matter experts complemented this data with a comparative review of health and human services outcomes and structures in other states. The organization assessment approach is described below.

¹⁵ West Virginia DHHR. (2022, April 25). RFP Released to Review DHHR from Top-to-Bottom. Retrieved from <https://dhhr.wv.gov/News/2022/Pages/RFP-Released-to-Review-DHHR-from-Top-to-Bottom.aspx>

- Design, deployment, and analysis of a **web-based survey** to provide all permanent DHHR employees the opportunity to share their perspectives.
 - The survey was distributed to 4,856 DHHR staff across all bureaus, offices, and hierarchical levels to capture a statistically representative sample, with an overall response rate of 71%. When excluding Office of Health Facilities respondents (many of whom are without daily access to a laptop/computer workstation), the response rate achieved for all other bureaus and offices was 81%.
 - Quantitative data analysis included an organizational performance assessment (OPA) of DHHR from the lens of its employees, as well as an organizational network analysis (ONA) that details information flow among bureaus and across DHHR.
 - Qualitative data from open-ended survey questions were coded by themes and analyzed to support the quantitative analysis.
- **65 interviews** conducted to add contextual understanding to the web-based survey data.
 - Interviews included DHHR leaders from the Secretary to mid-level leaders, spanning all bureaus and offices.
 - External stakeholders, such as associations, local organizations, and state agencies, that partner with DHHR to serve West Virginians were also interviewed.
- **Review of more than 150 documents** provided by DHHR to inform interviews and add contextual understanding to the web-based survey data. Documents included bureaus' operational plans, financial reports, program information, performance measures, policies, and legislative briefings.
- **Comparative review** conducted by subject matter experts assessed health and human services outcomes for behavioral health, public health, child welfare, and substance use disorders, as well as organizational structures across all 50 states.

Strategic Plan

The Strategic Plan efforts led by the McChrystal Team spanned 12 weeks and entailed significant effort. A summary of the approach is provided here, and the full detail of those efforts is outlined in [Annex A](#).

To efficiently align DHHR leaders around the department-wide strategic plan, the McChrystal Team complemented the interviews and document reviews noted in the organization assessment approach above with the observation and eventual facilitation of discussions during existing DHHR senior leadership meetings. During the review of documents provided by DHHR, the McChrystal Team recognized there are multiple, detailed, operational-level plans across the bureaus. Many of those plans identify targeted priorities and initiatives along with measurable targets. Therefore, the McChrystal Team focused the facilitated working sessions on obtaining the perspectives of DHHR senior leaders and gauging their level of alignment around the department-wide vision, mission, values, and objectives. This will enable DHHR to establish a common definition of success, and help all bureaus and offices understand how to collaborate in a manner that drives progress in the complex health and human services environment throughout West Virginia.

The insights resulting from the organization assessment and strategic plan provide the foundation for this report and its recommendations. Those inputs led to the creation of this report.

FINDINGS AND INSIGHTS

Three key findings emerged from the organization assessment data (*Figure 3*).

- **Structure:** DHHR's organizational structure needs improvements, so its hard-working teams are better able to adapt to the rapidly changing environment of health and human service needs in West Virginia.
- **Strategic Focus:** Bureaus and offices demonstrate a commitment to driving progress, but concurrent enduring crises in West Virginia's health and human services environment increase the importance of DHHR operating from a department-wide strategic plan.
- **Operational Processes:** Process inefficiencies, combined with inter-agency dependencies, create barriers to teams receiving necessary resources and lead the workforce to operate reactively.



Figure 3

Although these high-level challenges were known before the review, the data collected along with the newly created department-wide strategic plan provided key additional insights. The following sections align and build off these three findings. For each finding, there are multiple insights supported by quantitative data from the survey analysis and qualitative data from open-ended questions and interviews. Any quotes shared are representative of broader themes the McChrystal Team found in the qualitative data analysis.

The findings and insights focus on constructive feedback for DHHR. Before sharing those details, the McChrystal Team acknowledges the commitment and dedication shown by the DHHR staff in support of West Virginians. Notably, when asked to identify DHHR's biggest strength, 27% of respondents mention the hardworking and compassionate workforce, and 21% of respondents mention the people within DHHR who care deeply for the residents of West Virginia. These numbers are among the strongest the McChrystal Team has seen when compared to other organizations' responses. When an entire organization is asked an open-ended question on the survey, it is significant to see such a high percentage of write-in responses for a single theme.

Employees feel their work matters...



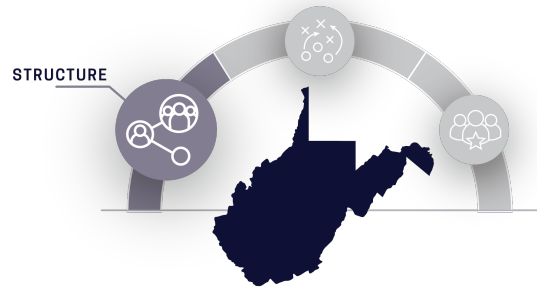
My daily actions directly impact the success or failure of WV DHHR

Source: OPA Survey

The quantitative survey data also showed respondents believe their work matters, with 62% agreeing their daily actions directly impact the success or failure of DHHR. However, only 27% of respondents feel supported by DHHR. Respondents noting they are not receiving the resources they need to do their jobs was a driver behind this low rate of agreement, which could include any combination of a broad range of resources, such as a competitive salary, technical tools, clarity of strategy, and timely information.

Finding 1 – DHHR’s organizational structure needs improvements so its hard-working teams are better able to adapt to the rapidly changing environment of health and human service needs in West Virginia.

Restructuring DHHR is not a new concept. The current iteration of DHHR was formed in 1989 by merging two departments and throughout DHHR’s history, multiple well-intentioned structural changes have been proposed—and some implemented—to improve service to West Virginians. HB4020 proposed the most recent of these structural changes. These efforts focused on structure as the solution to many of the Department’s longstanding challenges. While an organization’s structure is important and certainly impacts how the organization operates, significant changes should not start with structure; they should be informed by a strategic plan designed to drive success. The importance of this approach is heightened in an environment with concurrent enduring crises, such as West Virginia’s opioid epidemic, child welfare crisis, and the COVID-19 pandemic.



Insight 1.1: Without a formal executive leadership team guiding the strategic direction of the Department, communication with senior leaders and coordination across bureaus and offices are limited.

DHHR’s current organization chart (Figure 4) shows multiple leadership positions, including two Deputy Secretaries, reporting to the Cabinet Secretary. These leaders and their teams are all important to guiding the

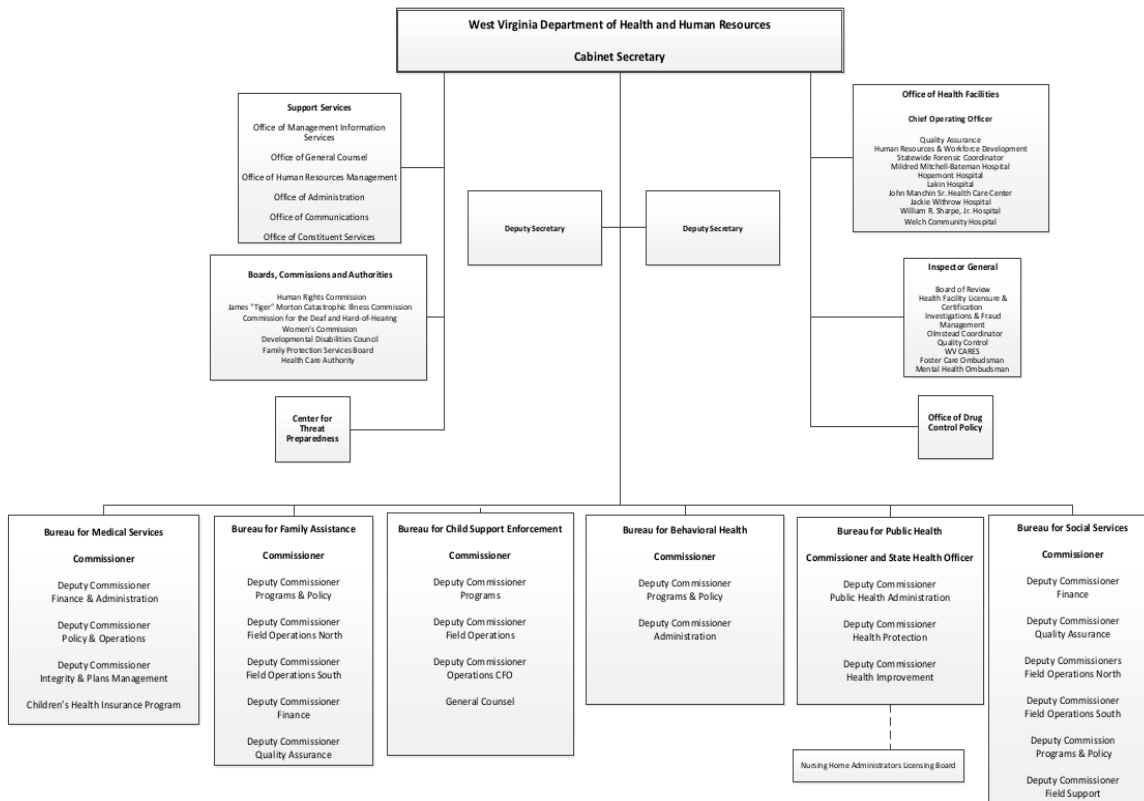


Figure 4

daily operations of the DHHR. The Cabinet Secretary meets weekly with the leaders for Support Services, and that group also meets weekly with the Bureau Commissioners and leaders from the Office of Health Facilities (OHF) and the Director of the Office of Drug Control Policy (ODCP). Although these groups meet regularly, they do not constitute a formal executive leadership team. Lacking a primary set of team goals determined by an overarching strategy, these leaders understandably focus on their own priorities. As such, their ability to coordinate cross-bureau services to address the complex needs of the state’s population is limited, since **no formal executive team is leading the Department from a unified strategic plan**. Consequently, communication with senior leaders and coordination across bureaus and offices is significantly constrained. The McChrystal Team observed this by attending the meetings noted above, with observations then corroborated by data from survey responses used to create the Organizational Network Analysis (ONA) (*Figure 5*), which visualizes how the individual members of the organization are connected and how the organization shares information as its currently constructed.

Before reviewing *Figure 5* below, it is important to understand the components of an ONA. Each circle represents a person who was mentioned by someone else responding to the survey prompt: please list up to 8 people to whom you go to as a good source of information. The size of a circle increases as the number of mentions increases, and the lines on the map show who communicates with whom. Different colors can be applied to represent any subsets, such as a team, hierarchical layer, or location.

In *Figure 5*, the blue circle represents the Cabinet Secretary. The pink circles represent the Cabinet Secretary’s direct reports mentioned in the different groups above. The green circles represent DHHR employees who mentioned a “pink circle” leader as a good source of information. The gray circles represent the remaining DHHR employees who did not mention one of these senior leaders as a good source of information.

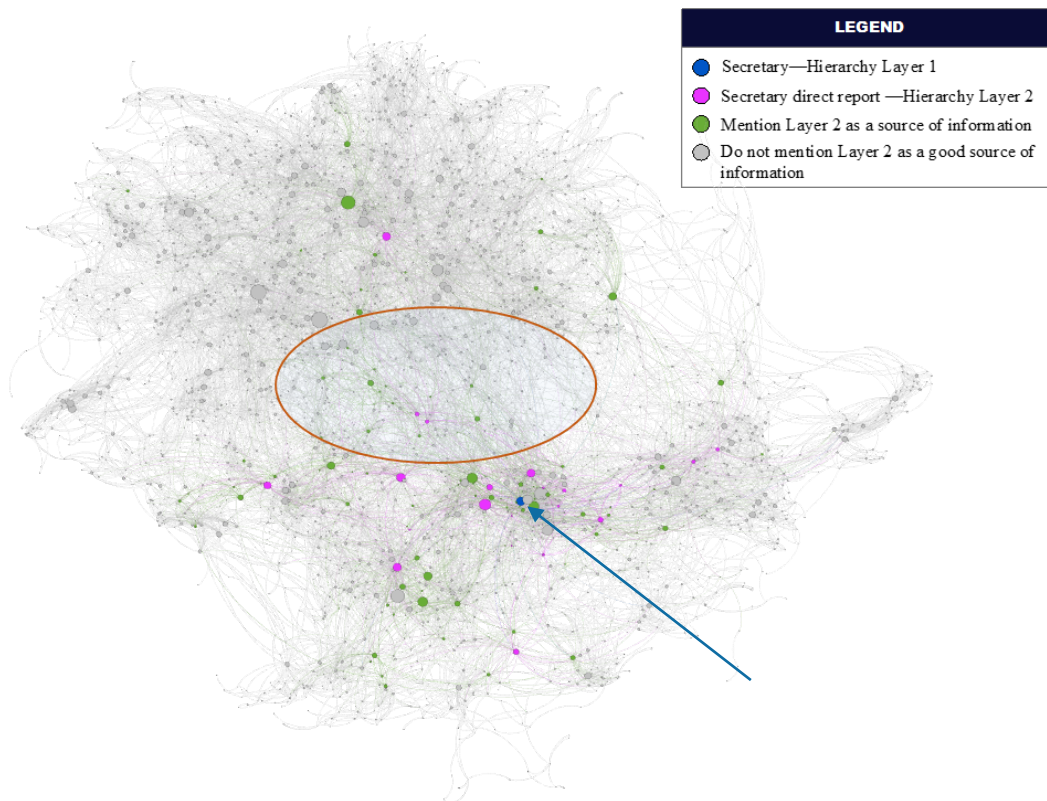


Figure 5

The McChrystal Team’s interpretation of this version of the ONA results in the following observations:

- DHHR’s employees are committed to serving and are “running to the problems,” but with concurrent enduring crises across the state, the workforce is focused on a variety of challenges, and senior leaders are being pulled reactively to address immediate needs.
- Although there is no single “correct” network map, high-performing organizations operate with a core group of leaders who serve as cross-unit connectors. Based on McChrystal Group’s database of more than 100 organizational assessments, a greater concentration of senior leaders in the centre of the network would be expected.

Senior leaders in the Office of the Cabinet Secretary are primarily communicating within their own group. That is, these individuals name very few sources of good information outside of their own office. While the senior leaders and Cabinet Secretary are referenced in some instances as good information sources, many others do not reference them, indicating that they are disconnected from the center of the network. This dynamic is illustrated in *Figure 6*. The light orange areas highlighted in *Figure 6* show where hundreds of individuals are not directly naming a senior leader as a good source of information.

While the McChrystal Team does not expect all sections of the DHHR network to directly mention senior leaders, this level of disconnect raises concern. Paired with qualitative data from interviews and open-ended

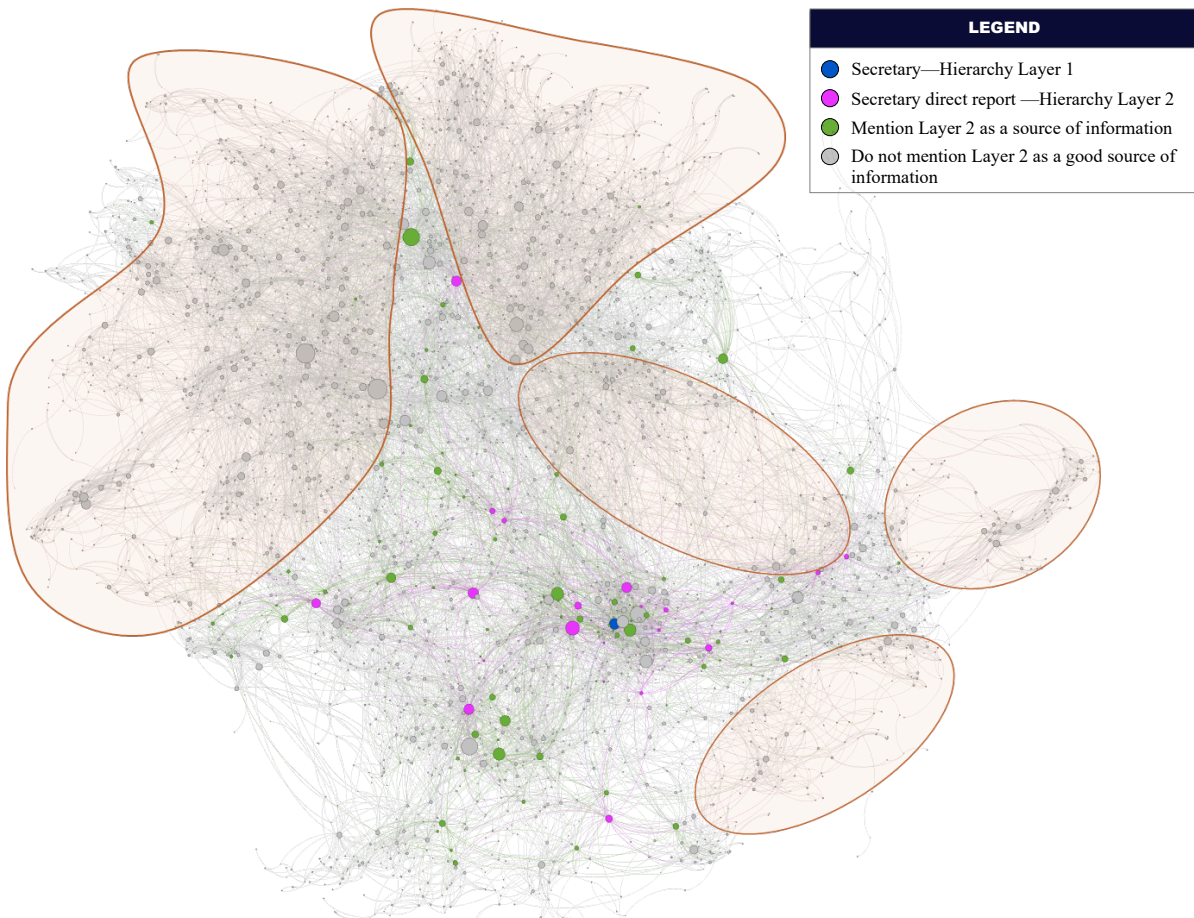


Figure 6

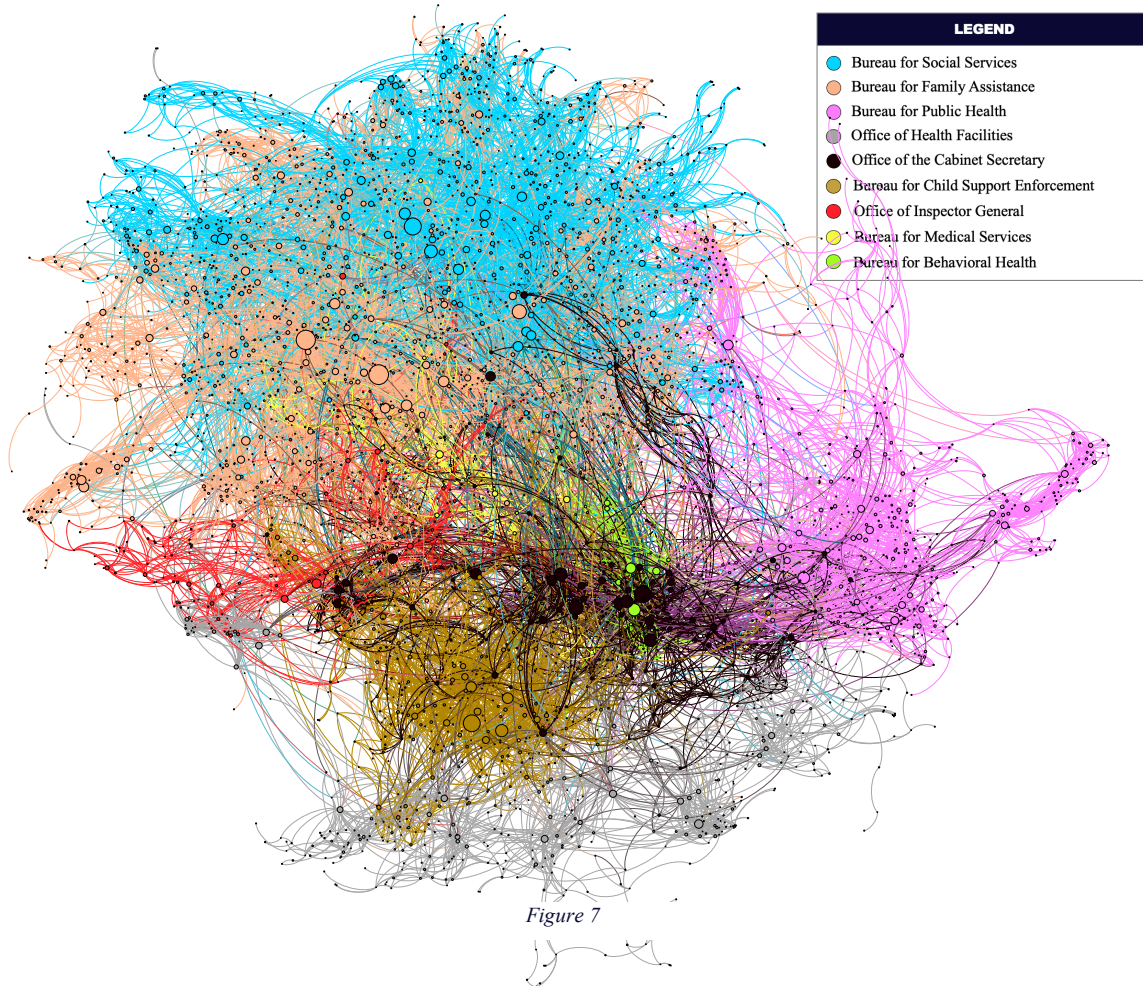
survey questions, DHHR employees conveyed that many individuals rarely hear about department-wide strategy and related messaging outside of their bureau or office. In other words, DHHR is operating in silos, which limits teams' abilities to operate cross-functionally and address the complex needs of West Virginians.

Insight 1.2: The absence of a core group of cross-bureau and cross-office connectors leads to siloed communication.

Functional silos operating inside of the Department are further evident when looking at the ONA map categorized by bureau and office (*Figure 7*). However, some of these silos are not surprising when considered in context, which is explained in further detail below.



- At the top of the map, the light blue circles represent the Bureau for Social Services (BSS) and orange circles represent the Bureau for Family Assistance (BFA). These bureaus overlap and are connected due to legacy communication patterns from when they were one bureau.
- On the right side of the map, the pink circles represent the Bureau for Public Health (BPH), which is siloed from the rest of the organization. This is not surprising as the BPH has been focused on the COVID-19 pandemic response and connected to outside entities, including the National Guard and other external stakeholders.
- At the bottom of the map, the OHF is shown in gray. These health facilities operate independently from the rest of DHHR, and individuals within these facilities are primarily only connected within their facility. *It is important to note that OHF had a 35% survey response rate in part due to many of the OHF workers who are without daily access to a laptop / PC workstation.*
- Above OHF sits the Bureau for Child Support Enforcement (BCSE), shown in gold. Individuals within BCSE are largely siloed, but some of their field operations team members communicate with other bureaus in the field, such as BFA. BCSE's field operations team members also communicate well with their central office influencers, who are the larger gold circles.
- The Office of the Cabinet Secretary, shown in black, is split between Constituent Services on the left, who are named by individuals of the Office of the Inspector General (OIG) shown in red, and the more administrative functions like the Office of Management Information Services (OMIS), the Office of Human Resource Management (OHRM), and Finance on the right. The impacts of this will be shared in more detail in *Finding 3*.



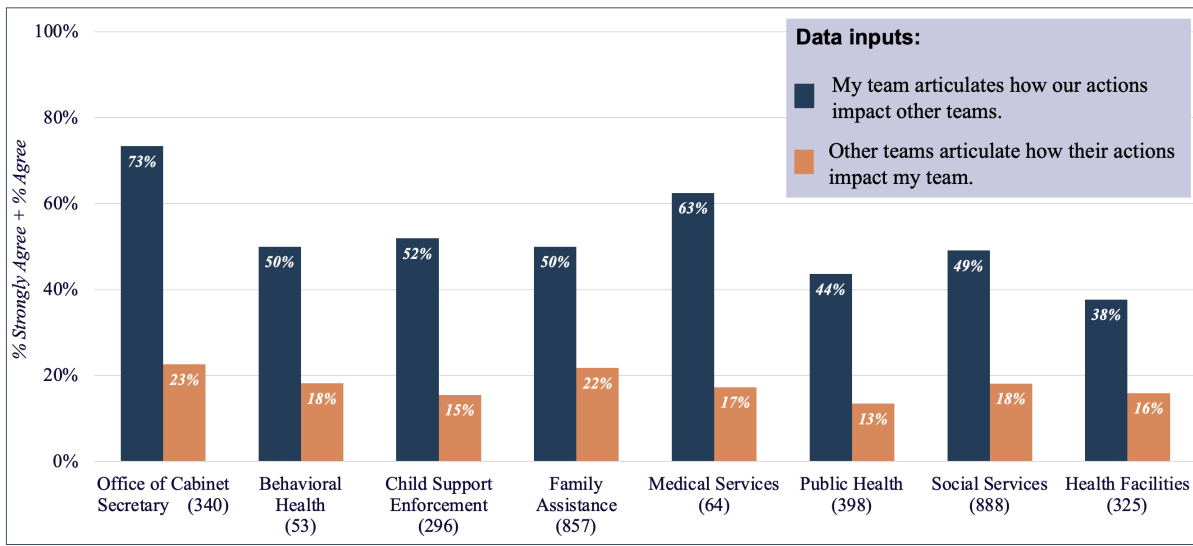
- The Bureau for Behavioral Health (BBH) – shown in bright green – exchanges information relatively well with individuals within the Office of the Cabinet Secretary, as evidenced by the tight clustering between those two groups.
- Finally, the Bureau for Medical Services (BMS) – shown in yellow – contains few network influencers relative to the rest of the organization, but that is not surprising due to the small size of the bureau. Their centrality on the map indicates that although they have a smaller team, they do communicate with multiple offices and bureaus.

See [Annex B](#) for another way of examining the overall lack of cross-bureau collaboration.

Organizational silos in and of themselves are not always a problem. However, for teams across the Department to best serve the complex needs of West Virginians, they need established processes and leadership behaviors that enable them to collaborate more easily. These teams recognize the importance of working together and they are attempting to communicate and share information, as evidenced in their responses to the two survey questions shown in *Figure 8*. Two survey questions require respondents to use a Likert scale to gauge their level of agreement with the following statements:

- My team articulates how our actions impact other teams
- Other teams articulate how their actions impact my team

Figure 8 shows the number of respondents who agree or strongly agree, because all other responses show a clear opportunity for improvement. When comparing the responses from the first question (blue bars) to the responses from the second question (orange bars), a clear difference is evident. The McChrystal Team often observes this result in large organizations. Although teams are trying to communicate with each other, they do not have common priorities or language, so information is perceived as “noise” by the team receiving it and filtered out. This heightens the impact of silos and further limits effective collaboration that could improve overall service delivery and outcomes for West Virginians.



Source: OPA Survey

Figure 8

Insight 1.3: The Office of the Cabinet Secretary – including all administrative offices – rarely seeks proactive input from the bureaus, which impacts decision-making and service delivery.

In many organizations, cross-unit communication and connection challenges can be overcome by leadership, shared services, and central administration. A leadership team and central functions can help mitigate silos between bureaus by proactively engaging others outside of their own team. The OPA and ONA did not find evidence that the Office of the Cabinet Secretary is serving that key connective function.

Insight 1.1 noted that because individuals in the Office of the Cabinet Secretary name few sources of good information outside of their own office, they are primarily communicating within their own group. This is more evident when viewing the organizational information flow data that comprises the high-level network maps. Detailed tables can be found in *Annex B*. The data indicates these offices responsible for creating the policies and procedures that enable the bureaus to deliver services do not value and seek out the perspectives of other teams. This dynamic can also be observed when examining the data by reporting layer (*Figure 9*). The majority of leaders at the director level and below do not perceive that their input shapes decision-making at higher levels. Furthermore, only 27% of all respondents agree or strongly agree that leadership at DHHR is receptive to new ways of doing business. This perceived divide was supported by numerous open-ended comments in the survey.

Whether driven by perception or intention, it represents an opportunity to improve proactive communication between the central office and the frontline leaders and teams. Improvements to communications processes and behaviors are needed to address these issues. As noted in [Insights 1.1](#) and [1.2](#), while referring to organizational silos can seem less important, one additional survey question clearly shows the impact on DHHR’s ability to deliver services. That question shows **only 25% of all respondents agree decisions are made in time for effective execution.**

Finding 2 – Bureaus and offices demonstrate a commitment to driving progress, but concurrent enduring crises in West Virginia’s health and human services environment increase the importance of DHHR operating from a department-wide strategic plan.

DHHR’s structure and strategy are both essential to improving health and human services outcomes in West Virginia. The Governor’s office and DHHR recognized as much and requested assistance creating a department-wide strategic plan. While the need for the strategic plan was known, the organization assessment reveals a deeper understanding of the impacts of the absence of a department-wide strategic plan.

Insight 2.1: The lack of a department-wide strategy results in bureau-centric priorities.

As part of the organization assessment’s documentation review, the McChrystal Team noted that some, but not all, bureaus have a bureau-level strategic plan. Seven (7) total plans were provided. Most are required by state law or federal regulation, and they all vary in level of detail. Certain plans, such as the *West Virginian Substance Use Response Plan*, were developed in collaboration with multiple bureaus, offices, and external stakeholders.

While these plans provide focus for the teams within bureaus, the efforts to create them were not informed by a broader department-wide plan for improving health and human services outcomes across the state. This is evident in the survey data. When asked to think about strategy within their own bureau or office, a majority of respondents (57%) agree or strongly agree that their bureau/office-level objectives are actionable. When asked to think about strategy at the department-level, only 37% of respondents agree or strongly agree that DHHR’s

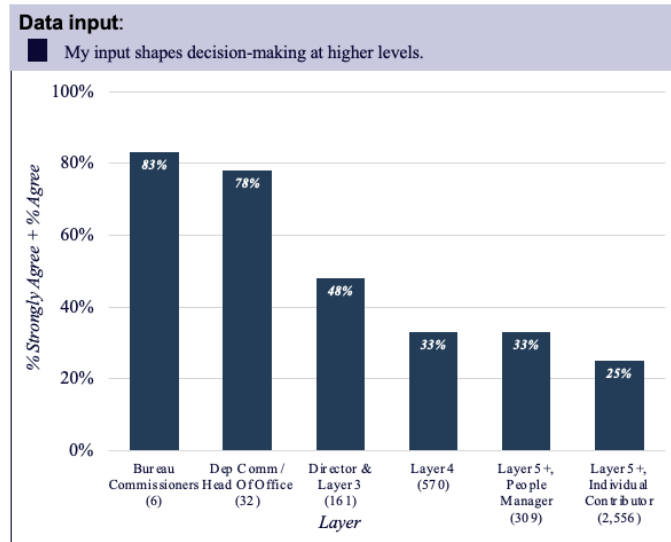
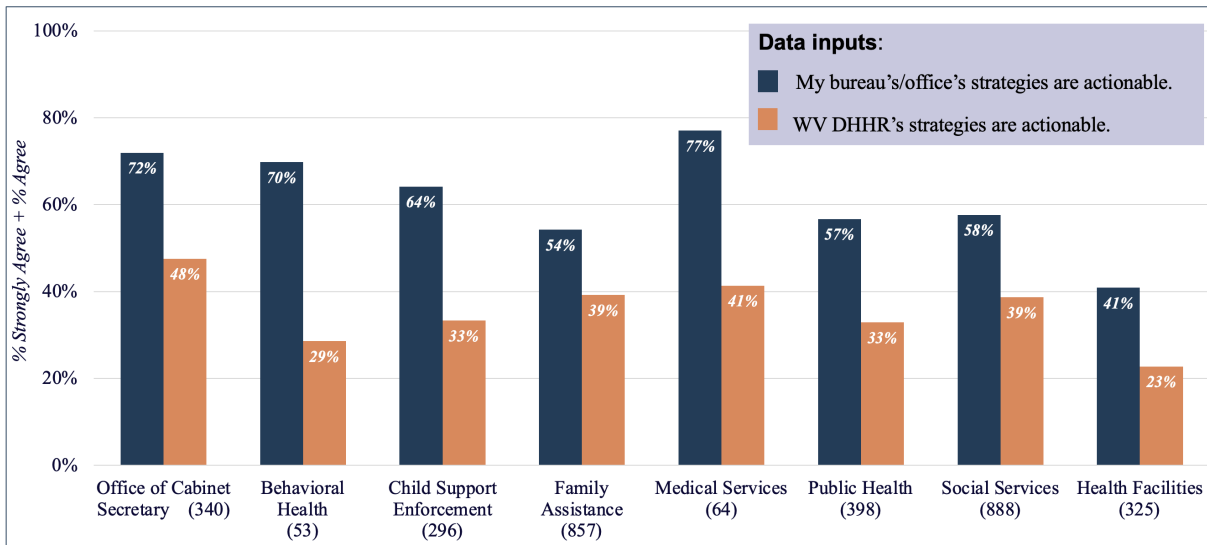


Figure 9



strategies are actionable. When the data is organized by bureau and office, the differing levels of agreement between these two questions are consistent across all bureaus and offices (*Figure 10*).



Source: OPA Survey

Figure 10

The higher agreement regarding the *actionability* of strategies at the individual bureau or office level is positive. However, the low agreement around the *actionability* of department-wide strategies further indicates siloed operations. This impacts teams' abilities to collaborate in a manner that allows them to work cross-functionally to identify and address the complex needs of West Virginians (*Figure 10*).

The qualitative data from open-ended questions and interviews further supports this by conveying that many respondents recognize they are part of a bigger organization and, in many cases, serve the same population. Employees indicate they are trying to share impactful information outside of their own team. However, teams do not feel they are sufficiently provided information that is meaningful to their work. This is not surprising given the lack of a department-wide aligning narrative, which would serve as a common definition of success. This results in much of the workforce operating “heads down” within their own teams to avoid the “noise.” When strategies are bureau/office-centric, teams and communication also become bureau/office-centric.



“[If DHHR-level strategies exist], those strategies are not clearly outlined nor relayed to the common, front-line workers.”

– Frontline leader

Insight 2.2: The lack of a department-wide strategy also results in over-reliance on key leaders, further limiting collaboration and hindering teams’ abilities to effectively deliver services.

Another challenge resulting from bureau- and office-centrism is an over-reliance on director-level leaders to connect to the department-level leaders. As described, survey respondents were asked to list up to eight people they go to as a good source of information. The McChrystal Team uses those responses to look at the total number of mentions for a single person in descending order. When viewed that way, the data shows that most of the top good sources of information are at the Director level. Nine of the top 14 network influencers are directors with more than 10 years of tenure at DHHR (*Figure 11*).

Data input: Please list up to 8 people to whom you go as a good source of information. Source: ONA Survey

Bureau/Office	Level	Good Info Tally	Tenure (years)	For what type of information do you go to the individual?						
				Informal Mentorship	Institution Knowledge	Subject Matter Expert	Problem Solving	Decisions / Approvals	Policy / Process Expert	Strategy
Family Assistance	Layer 3 Director	71	17+	19	52	55	46	27	59	34
Family Assistance	Layer 3 Director	69	17+	15	49	54	37	20	55	26
Social Services	Layer 3 Director	61	10-17	21	48	52	37	32	50	32
Office of the Cabinet Secretary	Finance Office Director	60	17+	20	45	48	39	44	43	36
Child Support Enforcement	Layer 3 Director	60	17+	21	45	46	38	32	56	25
Family Assistance	Layer 4 Program Manager	50	17+	4	34	32	20	15	41	12
Office of the Cabinet Secretary	HR Office Director	50	10-17	18	30	31	34	34	35	27
Office of the Cabinet Secretary	Purchasing Office Director	45	17+	15	32	39	30	32	37	24
Social Services	Dep Comm Social Services	45	17+	19	38	36	33	25	31	25
Office of the Cabinet Secretary	Layer 3 Director	45	10-17	13	32	39	30	20	37	23
Office of the Cabinet Secretary	Layer 4 Finance Manager	43	17+	14	37	37	29	26	33	19
Behavioral Health	Dep Comm Behavioral Health	43	17+	22	35	33	32	31	35	30
Child Support Enforcement	Dep Comm Child Support	43	17+	11	30	26	24	17	29	20
Public Health	Layer 3 Director	41	5-9	14	29	31	27	25	29	21

Figure 11

In addition to indicating *who* they go to as a good source of information, respondents indicate *why* they go to each individual. This allows the McChrystal Team to see what type of information is sought. It is common to see high-level leaders sought for their institutional knowledge and subject matter expertise (green highlights). That was the case with these DHHR Directors. However, relying on high-level leaders as process experts (orange highlights) is not sustainable, scalable, or efficient.

This is especially true in an organization as large as DHHR where there are roughly 200 directors among approximately 5,000 employees. This over-reliance on a small group of leaders for process expertise limits the time and effort directors can spend on more strategic leadership endeavors. It also impedes DHHR’s ability to effectively collaborate to deliver services, because questions and decisions need to be “run up the chain.” This dynamic is further supported by data indicating nearly 30% of frontline leaders agree or strongly agree that teams within DHHR collaborate in a way that contributes to the organization’s overall success. A thorough understanding of process expertise, institutional knowledge, and strategic understanding must be pushed toward the frontline leaders, so they are better able to collaborate and make decisions faster.

If respondents disagreed with this question to any degree, they were asked a follow-up question to provide additional context behind their response. The McChrystal Team’s analysis of that qualitative data identified

three clear reasons employees disagreed that teams within DHHR collaborate in a way that contributes to the organization’s overall success:

- Teams do not use the same processes, so the exchange of information is ineffective and time-consuming.
- When processes do exist, there is insufficient training, especially around tracking outcomes for offices serving the same populations.
- The information necessary to enable collaboration between teams is not available, so the same work is duplicated in different bureaus.

Based on the McChrystal Team’s interviews with external stakeholders, many of these frustrations and negative impacts are experienced by organizations working with DHHR. While DHHR maintains primary responsibility for the strategic direction of health and human services for West Virginians, partnerships with other agencies, associations, and local entities are necessary to deliver programs and services. In the more than 15 interviews and numerous focus groups conducted with external stakeholders and partners, most interviewees spoke to the Department’s reactionary “fire-fighting” approach and commented on the lack of a guiding strategy, unclear communications, limited responsiveness, and slow decision-making. These challenges contribute to the perception that the DHHR is not able to act as a collaborative partner to serve the needs of West Virginians.

The Department-wide Strategic Plan is the first step to address these identified challenges

Demonstrating a commitment to improvement, DHHR has taken an important first step to address identified challenges. While conducting the organization assessment, the McChrystal Team also led DHHR’s senior leaders through facilitated working sessions to discuss their perspectives on the greatest needs of West Virginians and how their teams work to support those needs. The resulting department-wide strategic plan includes the proposed vision, mission, values, and objectives (*Figure 12*).

Vision	Improve the health, well-being, and quality of life for West Virginians				
Mission	Empower West Virginians through access to quality care and essential human services				
Values	<p><u>C</u>ollaboration</p> <ul style="list-style-type: none"> • Build trusted relationships • Share information and seek input • Partner with internal and external teams 	<p><u>A</u>ccountability</p> <ul style="list-style-type: none"> • Act with integrity and transparency • Own your actions and outcomes • Practice fiscal responsibility 	<p><u>R</u>espect</p> <ul style="list-style-type: none"> • Show compassion to those we serve • Consider others’ perspectives • Seek to understand 	<p><u>E</u>xcellence</p> <ul style="list-style-type: none"> • Make evidence-based decisions • Find the best solution • Commit to continuous improvement 	
Objectives	<p>Improve all statewide safety and permanency indicators for <u>child welfare</u></p>	<p>Reduce fatal and non-fatal overdoses by treating and preventing <u>substance use disorders</u></p>	<p>Increase <u>access to care and support services</u> for all individuals by increasing enrollments and overcoming access barriers</p>	<p>Attract, acquire, develop, and retain a competent and valued <u>workforce</u></p>	<p>Enhance delivery of DHHR <u>administrative services</u> to support program execution</p>

Figure 12

It is important to note that during the final working session with senior leaders, the list of department-wide objectives expanded from six to eight objectives, prompting a concern. Based on the McChrystal Team’s experience, creating objectives that simply align with the needs of an organization’s work units will reinforce silos rather than promote collaboration to address the critical needs of the environment. After reviewing the language in those objectives, the notes from the working sessions, the state’s health and human services outcomes, and the comparative analysis of outcomes from other states, the McChrystal Team adapted the eight proposed objectives into the five seen in *Figure 12*. The full detail of those efforts is outlined in [Annex A](#).

Leveraging existing bureau-level plans to develop detailed action plans will enable execution of each department-wide objective. This is addressed in further detail in the [Recommendations](#). The completed department-wide strategic plan will enable DHHR to establish a common definition of success, and help all bureaus and offices understand how to collaborate in a manner that drives progress in the complex health and human services environment throughout West Virginia.

Finding 3 - Process inefficiencies, combined with inter-agency dependencies, create barriers to teams receiving necessary resources and lead the workforce to operate reactively.

Analysis of the qualitative data from open-ended survey questions and interviews clearly indicates DHHR has multiple operational process improvement needs. This is further supported by the McChrystal Team’s review of historical reports, including a report submitted by Public Works LLC in 2013 and multiple OIG reports since. The list of process challenges can seem difficult to address, especially when considering inter-dependencies with other state agencies, such as Department of Personnel, West Virginia Office of Technology, and the Department of Administration. The three most consistently referenced areas of responsibility where process improvement needs were noted include Human Resources, Finance, and Information Technology.



The survey data shows that insufficient communication processes are compounding these administrative process issues. Specifically, only 30% of respondents agree or strongly agree DHHR has established processes to disseminate lessons learned or best practices throughout the organization. And 42% of respondents agree or strongly agree there are processes in place to disseminate new information throughout the organization (*Figure 13*).



Figure 13

Insight 3.1: DHHR’s complicated funding environment is challenged by inconsistent processes and unclear roles, creating obstacles to service delivery.

As part of the organization assessment, the McChrystal Team reviewed DHHR financial documents and legislative budget briefings and met with multiple DHHR financial stakeholders, including the Chief Financial Officer (CFO) for the Department and the CFO for each bureau. The complicated nature of the DHHR funding environment became apparent and is detailed below (Figure 14).

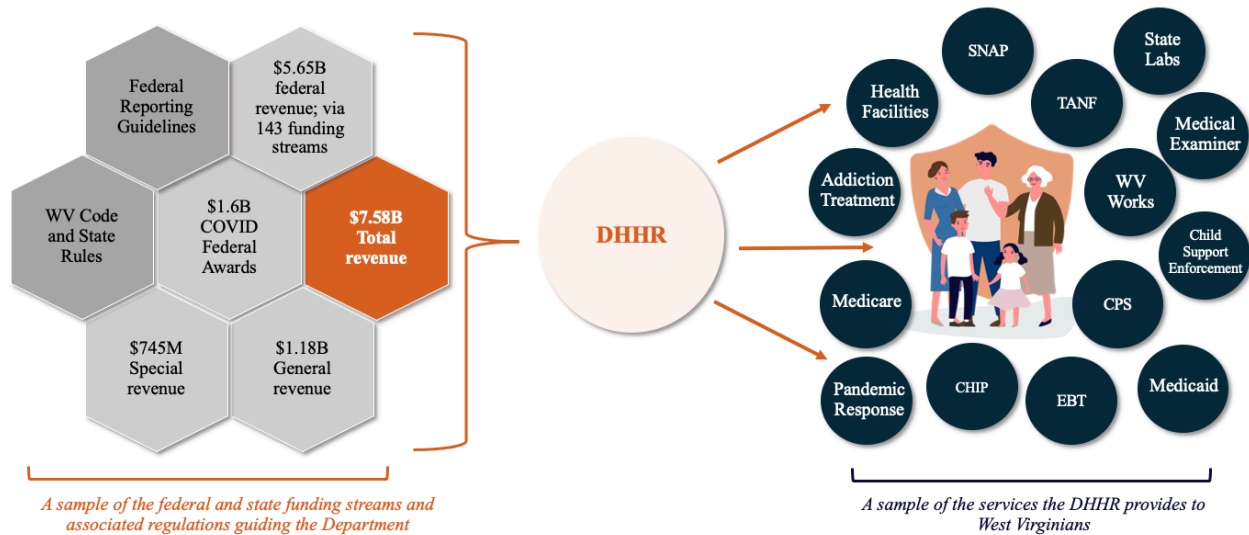


Figure 14

DHHR oversees more than \$7.5 billion across more than 200 funding streams while needing to maintain compliance with federal regulations, state laws, and numerous reporting requirements. Additionally, the process includes multiple organizations throughout the State, including the Department’s Office of the Cabinet Secretary, DHHR bureaus, the State Auditor, sub-grant recipients, and more. This is a complex system with funds flowing in and out every day. Creating a single standard financial process is not realistic, but differing processes, systems, and tools often require high-level approvals and slow down the process.

The quantitative survey data indicates the lack of sufficient financial processes has led to an overreliance on DHHR’s CFO and other senior finance leaders for clarity of funding. In a related manner, the qualitative data showed clear frustration related to inefficient processes and inconsistent roles and responsibilities from internal stakeholders. This appears to relate to the trends from external stakeholders who perceive these inefficiencies and inconsistencies as a lack of transparency. However, the McChrystal Team saw no indication of a lack of willingness to be transparent. All DHHR leaders provided requested documentation and met with the team – some multiple times – to answer questions and help understand the situation.

Insight 3.2: Insufficient technology resources impede the processing of internal work and external service delivery.

Communication and barriers to effective collaboration were highlighted in *Insight 1.2*. Some of those barriers to enabling easier communication and collaboration are due to the current technological tools and systems within DHHR.

Only 27% of respondents agree or strongly agree that when it is necessary to use more than one technology platform to achieve a task, the platforms complement one another. And only 38% of respondents agree that DHHR has the organization-wide technical tools to enable effective operations (Figure 15). These low scores are further reinforced in the open-ended survey responses and interviews. Another clear theme from the open-ended survey question responses is a lack of properly functioning technology. For example:

- Phones for workers in the field that are not working and go un-serviced with long wait times
- Slow internet speeds and wireless access in multiple offices
- Inconsistent or impossible access to DHHR systems in rural parts of the state
- Inconsistent or impossible access to the necessary software for the job at hand
- Workflows not being repeatable because of occasional system malfunctions

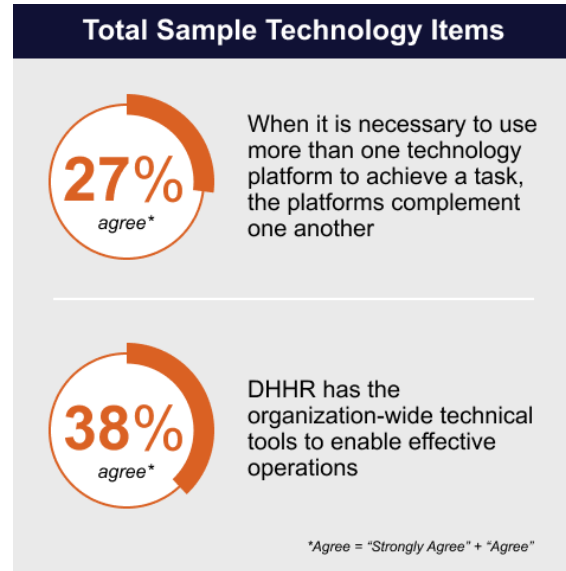


Figure 15

To achieve the full extent of its mission, DHHR’s workforce must have the tools necessary to perform their jobs. Technology should drive ease and efficiency of the workforce, so services are delivered to the West Virginians most in need when they need them. The McChrystal Team recognizes that some IT decisions are made outside of DHHR. Without adequate solutions to IT issues, improvements in service delivery will be unattainable, causing frustration on the part of both employees and adversely impacting residents.

Insight 3.3: A range of pervasive workforce challenges limits the Department’s ability to effectively deliver services.

The first question on the Organization Assessment survey asks: what is the biggest challenge facing your team? Respondents have unlimited space to provide an open-ended response. The top three most frequent responses submitted by the thousands of DHHR employees all relate to the workforce: limited staffing and workload; compensation and benefits; and attrition, retention, and hiring.

At the most fundamental level, DHHR needs employees to deliver its services to West Virginians. Yet, through the open-ended question responses and interviews, DHHR employees conveyed they struggle to obtain new employees and keep existing employees motivated. Leaders are frustrated with the cumbersome processes, including both DHHR Human Resources and the state Department of Personnel. Some bureaus and offices have identified ways to reclassify positions to meet staffing needs and other creative solutions, but these “workarounds” are not standard and are unsustainable. Staffing challenges are compounded because employees are asked to address very complex and intense situations in crisis environments, while also handling the organizational challenges detailed in this report.

“We struggle to provide the type of service the community deserves because we are so short staffed.”

— **Layer 4**

In other organizations that demonstrate similar staffing trends, where compensation and retention are identified as the primary challenges, the organization generally has a low agreement regarding some of the standard

cultural questions. A similar pattern is documented at DHHR. Only 27% of respondents agree or strongly agree that DHHR cares about its employees and their well-being. And 41% agree or strongly agree that when I think about where DHHR will be in 5 years, I feel motivated to excel at my job.

When considering these data points, the growing vacancies are unsurprising, but they do further burden the already fatigued workforce. According to the June 2022 DHHR Budget Presentation, there are currently 1,432 vacancies, which amounts to approximately 20% of the DHHR workforce.

Impact: Communication silos within the structure, poor strategic planning, and inefficient processes lead to reactive operations and limit leaders' ability to prioritize

Given these operational process challenges, coupled with the ineffective organization structure and the lack of a department-wide strategy, it is unsurprising that the majority of the organization spends its time in a reactive mode. When asked to rank five statements by what most significantly impacts how they spend their time, respondents overwhelmingly ranked “immediate needs that arise” as the primary determinant (Figure 16).

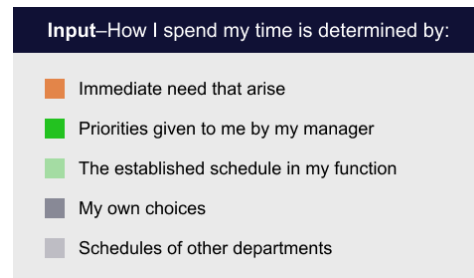


Figure 16

When everyone in the organization spends most of their time responding to immediate needs that arise, the implications are significant. Teams at DHHR won’t get ahead of the overwhelming number of immediate challenges unless significant changes are implemented. And, if no improvements are made, the state’s health and human services outcomes will remain poor. That may seem overly negative, but with concurrent enduring crises throughout West Virginia – the opioid epidemic, the child welfare crisis – and individuals and families facing complex, constantly evolving challenges, the DHHR must become a more responsive and adaptable organization, so it can better meet the needs of West Virginians (Figure 17).



Extended Family Responsible for Children’s Welfare

Figure 17

Improving West Virginia’s health and human services outcomes will require investment

To improve West Virginia’s health and human services outcomes, the status quo is not an option; DHHR requires bold organizational change. Successfully executing an organizational change this size requires significant investment in change management.

The McChrystal Team conducted a comparative review of state organizations responsible for setting policies, overseeing programs, and delivering services intended to improve health and human services outcomes. While this comparative review showed no primary best practice for organizational structure (i.e., consolidation or separation), it did identify two consistencies when organizational changes occur: improving health and human services outcomes is always a primary driver, and the state must invest time and money to execute the change.

The following selection of examples demonstrates there is no consistent approach for consolidation or separation of departments but does show more consolidation in recent years.

- Alaska’s Governor issued an Executive Order in January 2022 to separate its Department of Health and Human Services into two departments by July 2022. This was following a similar attempt in 2021 that was rescinded, because additional coordination and planning were needed.

- Iowa, North Dakota, and Utah each consolidated two departments into one Department of Health and Human Services in summer 2022. Iowa’s consolidation followed a two-year transition plan, while North Dakota’s and Utah’s consolidations were in accordance with bills that were each passed during their respective 2021 general assembly session.

Unsurprisingly, all re-organization efforts reviewed by the McChrystal Team – regardless of whether they were a consolidation or separation – reference the intent to improve health outcomes and services to residents. Other intended outcomes include one or more of the following: increase transparency; become proactive instead of reactive; improve collaboration; and improve service delivery. This desire for improved health and human services outcomes and organizational improvements has also been communicated in West Virginia. After reviewing the *Findings and Insights* above, it is clear change is needed within West Virginia DHHR. The question becomes where and how to invest in that change to provide the highest likelihood of a positive return on the investment.

Investment of Time for Organizational Change. In 2015, the Michigan legislature passed a bill requiring the consolidation of two departments into a single Department of Health and Human Services (MDHHS). Sections in the bill required MDHHS to report to the legislature on the status of the merger in 2017. The report indicates that two years into this transition MDHHS was still “examining every program to determine how we can deliver services that better achieve positive health and self-sufficiency outcomes for our customers.” The report concludes by stating, “overall it is too soon to report specific costs or savings associated with the merger,” indicating changes were still ongoing.

More directly relevant to West Virginia, the DHHR has recently experienced firsthand the challenges of separating two entities by splitting the Bureau for Children and Families into the Bureau for Family Assistance and the Bureau for Social Services. DHHR implemented that organizational change in July 2021. Through the survey and interviews, the McChrystal Team consistently received feedback that legacy processes, challenges with role clarity, and staffing challenges continue to impact both internal operations and delivery of services within those bureaus.

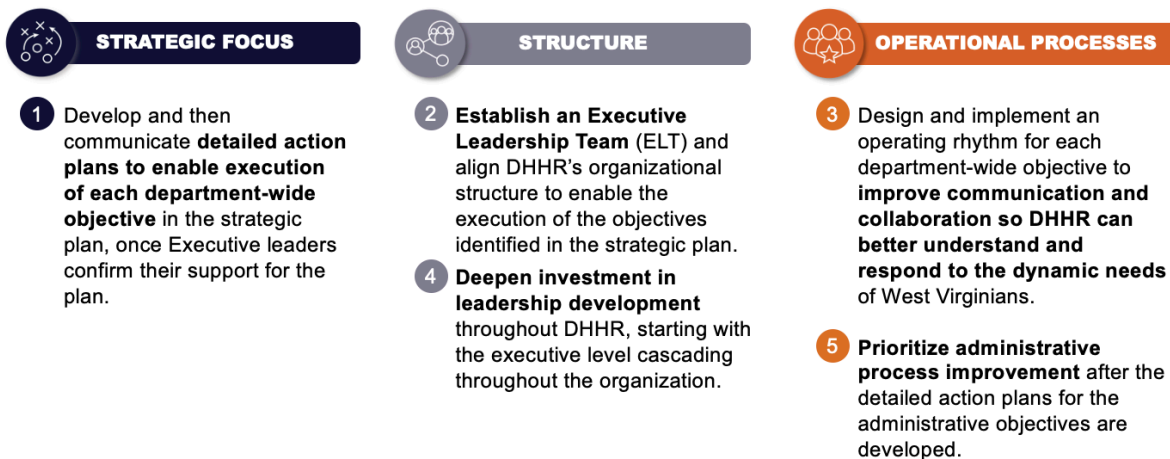
Investment of Funds for Organizational Change. *Successfully* executing an organizational change of the magnitude proposed in HB4020 – splitting approximately 6,000 positions with nearly 4,800 current employees and \$7.5 billion across 200 funding streams – would require a significant investment of funding for change management. For comparison, Alaska’s decision to split its department will impact approximately 3,500 employees and \$3.5 billion, which includes 119 Federal funding sources; and the state’s initial estimates for change management costs are \$2 million. Similar to the fiscal note for HB4020, Alaska’s estimated costs only focus on changed or new workforce positions.

There is no single authoritative source on the cost of organizational change management, but multiple sources, including the Project Management Institute, Harvard Business Review, and private sector consulting companies, indicate there are fundamental concepts that should be considered when planning any large organizational change. These concepts can be summarized as intentional focus and planning around: leadership’s time and effort; the broader workforce’s time and focus; internal and external communications; impact on internal processes; and impact on technology and systems. As indicated in the *Findings and Insights*, all these areas already require improvement within DHHR. **Splitting the organization without first making improvements and without a more holistic change management plan would negatively impact DHHR’s organizational performance and would increase the risk of disrupting services provided to West Virginians.**

RECOMMENDATIONS

To improve West Virginia’s health and human services outcomes, the status quo is not an option; DHHR requires bold organizational change. After completing this organization assessment and strategic plan the McChrystal Team disagrees that splitting DHHR into two departments is the option that will provide the desired results.

To provide the highest likelihood of improved operations within DHHR and, ultimately, improved health and human services outcomes for West Virginians, **DHHR should remain a single department and focus all improvement efforts – to both structure and process – around the strategic plan designed to address the highest priorities throughout West Virginia’s environment.** To illustrate the importance of starting this organizational change with the focus on the strategic plan, the McChrystal Team intentionally switched the order of these categories for improvement, so strategic focus now precedes structure.



Strategic Focus: Develop and then communicate detailed action plans to enable execution of each objective in the department-wide strategic plan.

To address the organization’s challenges outlined in [Finding 2](#) and provide focused prioritization for the operational process improvements mentioned in [Finding 3](#), DHHR needs to further develop and then broadly communicate its department-wide strategic plan. The department-wide strategic plan will establish an aligning narrative and help all bureaus and offices understand how their teams’ programs, processes, and services contribute to the department-wide objectives.

The objectives in this plan are large, challenging issues that will not be simple to address. Achieving them will require consistent focus and support from teams across the Department. Therefore, detailed action plans are needed to identify key strategies, initiatives, performance measures, and milestones.

Before recommending how DHHR should begin to approach the creation of these action plans, there are a few important details to clarify.

- This does not mean bureau- and office-level plans cannot still exist. Where state laws and federal regulations require distinct plans, those plans should still exist. There needs to be a concerted effort to

align the strategies, initiatives, performance measurements, and milestones within each of those plans to the relevant sections of the department-wide plan.

- This does not mean teams without an immediately obvious alignment to one of the objectives are less important; neither are the populations those teams serve. Creating department-wide objectives to address complex needs in crisis environments is intended to encourage collaboration and enable prioritization, so the Department is better able to take a holistic approach to address these challenges. For example:
 - BBH, BPH, and the ODCP teams will all play critical roles in achieving the objective focused on addressing substance use disorders.
 - Examples of a few teams playing a critical role in achieving the child welfare-focused objective include:
 - the team leading the Women, Infants, and Children (WIC) program within BPH;
 - the teams leading the Supplemental Nutrition Assistance Program (SNAP) and Low-Income Energy Assistance Program (LIEAP) within BFA;
 - the Regional Family Coordinators within BBH; and
 - the Child Protective Services (CPS) teams within BSS.
- This does not mean a given team will only support one department-wide objective. Many teams deliver programs, processes, and services that can impact multiple objectives. Also, many teams must meet additional state and federal requirements. Individual program/team goals and objectives will still be important, but they will likely not require regular support from senior leaders at the department-level.

To begin creating the action plans, each leader who owns an existing bureau-level plan should meet with their team to determine how their plan should be used to create the department-wide plan. If there are no plans for a given objective, relevant teams should compile prior plans or unofficial planning documents that can be used as a starting point. Once documentation has been compiled for a given objective, working sessions with leaders from a variety of levels and perspectives should be held for that objective. The working sessions will likely need to be held over a series of meetings and should consist of facilitated discussions focused on

Vision	Improve the health, well-being, and quality of life for West Virginians				
Mission	Empower West Virginians through access to quality care and essential human services				
Values	Collaboration <ul style="list-style-type: none"> • Build trusted relationships • Share information and seek input • Partner with internal and external teams 	Accountability <ul style="list-style-type: none"> • Act with integrity and transparency • Own your actions and outcomes • Practice fiscal responsibility 	Respect <ul style="list-style-type: none"> • Show compassion to those we serve • Consider others' perspectives • Seek to understand 	Excellence <ul style="list-style-type: none"> • Make evidence-based decisions • Find the best solution • Commit to continuous improvement 	
Objectives	Improve all statewide safety and permanency indicators for child welfare	Reduce fatal and non-fatal overdoses by treating and preventing substance use disorders	Increase access to care and support services for all individuals by increasing enrollments and overcoming access barriers	Attract, acquire, develop, and retain a competent and valued workforce	Enhance delivery of DHHR administrative services to support program execution
Leverage existing plans to create action plans					

understanding existing documents, identifying gaps, and then defining strategies, initiatives, performance measurements, and milestones. This process should be repeated for each of the five objectives.

Once the action plans are developed, a formal recurring process for reviewing progress and making leadership decisions about resources and interdependencies should be implemented. This process would then become a part of the operating rhythm that is further outlined in *Recommendation 3*.

Structure: Establish an Executive Leadership Team (ELT) and align DHHR’s organizational structure to enable execution of the objectives in the strategic plan.

To drive the execution of and accountability for the department-wide strategic plan, as well as to address the challenges noted in *Finding 1*, DHHR should establish a formal ELT. This team would consist of seven **executive** level leaders responsible for leading the department from a unified strategic vantage point. The recommended positions for this ELT, in addition to the Cabinet Secretary, include:

- Deputy Secretary for Child Welfare
- Deputy Secretary for Substance Use Disorders
- Deputy Secretary for Access and Eligibility
- State Health Officer (SHO)
- Director, Center for Threat Preparedness (CTP)
- Chief Operating Officer (COO)

The three (3) Deputy Secretaries each align to – and have full accountability - internally and externally for driving progress against one corresponding objective in the department-wide strategic plan.

The COO will align to and be accountable for both administrative focused objectives in the department-wide strategic plan.

Figure 18 shows the full recommended updates to the DHHR organization chart. The roles and responsibilities of key leadership positions for each section are addressed in further detail below. Assigning each Deputy Secretary and the COO to lead objectives in the strategic plan will enable DHHR to achieve these stated objectives. As these objectives are achieved and the environment changes, DHHR would update the strategic plan and the Deputy Secretaries’ strategic focus could change.

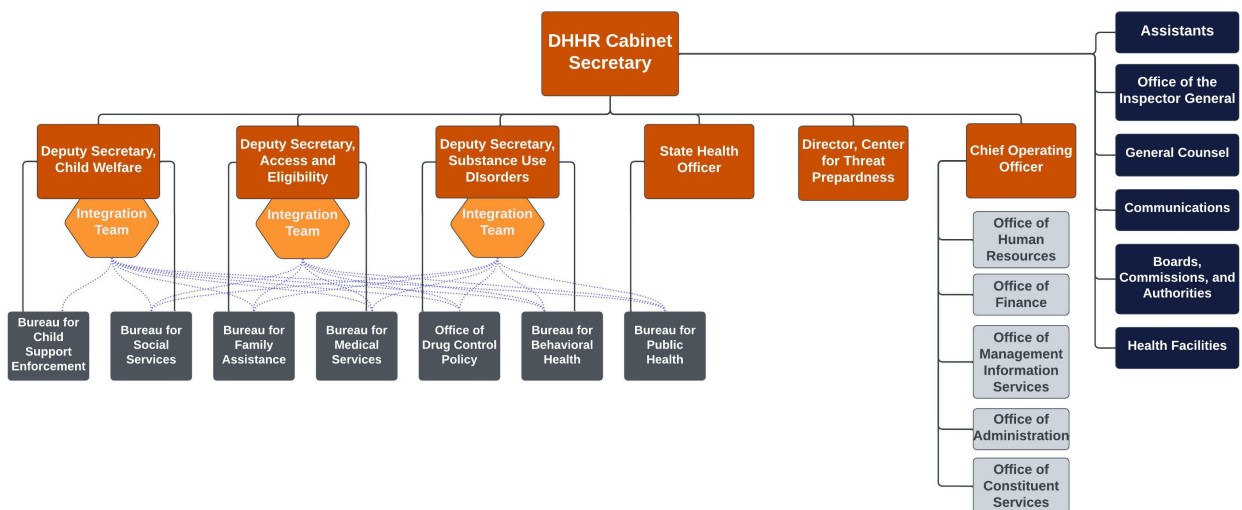


Figure 18

Focusing on the left side of *Figure 18*, the following explains more about the roles and responsibilities of the recommended Deputy Secretary positions and how they work with the integration teams and Bureau Commissioners.

- **Deputy Secretaries:** Each Deputy Secretary will be responsible for overseeing the cross-department collaboration to achieve their assigned objective in the strategic plan, as well as the overall strategic direction of the Department as it relates to that objective. While there will be direct lines of reporting from certain Commissioners to each Deputy Secretary, this does not mean the Deputy Secretary will hold decision authority over the daily operations of the relevant bureaus. Additionally, each Deputy Secretary will be responsible for maintaining a productive working relationship with the West Virginia legislature and responding to legislative requests related to the areas in which they are aligned. Each Deputy Secretary will rely directly on the Office of General Counsel for assistance, as well as a legislative liaison if one is appointed to their integration team.
- **Integration Teams:** an integration team will support each Deputy Secretary to drive cross-department collaboration, promote accountability, and provide oversight and transparency. Examples of roles that could be included in these teams include a chief of staff, legislative liaison, and a small team of cross-department connectors.

This is consistent with the model created for the current Office of Drug Control Policy (ODCP). Those team members consistently connect with bureaus and offices across the Department, as well as with external partners to ensure everyone working on efforts related to Drug Control Policy can drive progress together. Similar to how the ODCP team is additive to existing program teams within BBH and BPH, these integration teams would drive strategic collaboration. Another example would include:

- The team supporting the Deputy Secretary for Access and Eligibility working with BMS and all provider associations to focus on capacity building of the physical and mental health care provider systems, as a means of reducing barriers to access.
- **Commissioners:** The Bureau Commissioners' roles will remain largely unchanged. The only exception is they will now have executive leadership support from the Deputy Secretary for responsibilities related to strategic direction and communications with certain external stakeholders, including legislators. They will continue to have full operational responsibilities of the divisions and programs within their bureau. Commissioners will also continue to lead communications with certain external stakeholders, such as leaders from relevant Federal agencies.

Now, focus on the role of the COO and the senior leaders who report to that role. The following explains more about these roles and responsibilities.

- **COO:** unifying department-wide shared services under the direction of the COO presents an opportunity to focus holistically on enhancing the quality, consistency, and reliability of shared services delivery to the bureaus, offices, and the workforce. The COO, as leader of the shared services organization, is responsible for ensuring DHHR's internal operations and business processes support and enable the programmatic functions conducted by the bureaus and constituent-facing offices. By establishing a direct line of accountability from the CHRO, CFO, CIO, Operations, and Constituent Services, the COO is positioned to identify cross-functional dependencies, enhance administrative services to the department, and drive collaboration on cross-functional outcomes in support of the relevant department-wide objections.

- **Support Service leaders:** Similar to the Bureau Commissioners, the leaders for the Office of Human Resources Management (OHRM), Office of Finance, Office of Management Information Systems (OMIS), Office of Administration, and Constituent Services will remain largely unchanged. They will now have executive leadership support from the COO for responsibilities related to strategic direction and communications with certain external stakeholders, including legislators. They will continue to lead all operational responsibilities of the Divisions within their office.

Next, focus on the remaining members of the ELT and teams that report directly to them. The following explains more about these roles and responsibilities.

- **State Health Officer (SHO)** – The McChrystal Team recommends separating the role of the SHO and the BPH Commissioner, and updating the Code of West Virginia, accordingly. The SHO would serve as the Chief Medical Advisor to the Cabinet Secretary and the Governor. The SHO will also be accountable for the strategic direction of BPH and will partner with the Deputy Secretaries to improve strategic partnerships between the DHHR and external stakeholders, such as health care networks, social service organizations, local health offices, public safety departments, and other public or private-sector partners to achieve progress in the state’s health outcomes.
- **Director, Center for Threat Preparedness (CTP)** – The enduring crisis conditions around health and human services in the state require the DHHR to prioritize immediate needs. In addition to the ongoing COVID-19 pandemic, the state is also facing new public health risks ranging from the emergence of the Monkeypox virus and a resurgence in HIV-AIDS incidents. By including this role in the DHHR ELT, the Department will have an emergency planning and collaboration office that will be empowered to lead coordinated efforts with other state agencies, as well as federal and state emergency response structures. This executive level leader will also drive collaboration across the department as it pertains to emergency response and operational continuity, as new issues or crises emerge.
- Finally, focus on the right side of *Figure 18* (dark blue boxes). The roles and responsibilities of the remaining critical offices and senior leadership roles that support the Cabinet Secretary will also remain largely unchanged. They will now have executive leadership support from the entire ELT, so they can focus on leading the daily operations of their offices.

Operational Processes: Design and implement an operating rhythm for each department-wide objective to improve communications and collaboration, so DHHR can better understand and respond to the complex needs of West Virginians.

To further enable the successful execution of the department-wide objectives, DHHR must improve communication both internally and externally, as noted in *Finding 1* and *Finding 3*. To improve communications, DHHR should first review the current cadence of recurring meetings and emails – or other communications – related to each department-wide objective. This will better position them to decide which meetings and communication methods are strategic, which are operational, and which are tactical.

Consistent with creating the action plans, the relevant leader for a given objective should hold working sessions with other relevant leaders from a variety of levels and perspectives to determine the appropriate details and establish a more intentionally designed operating rhythm. This means applying focused thought and facilitating discussions that consider the target audience, meeting objectives, frequency, duration, and method for each meeting or other communication tool. This level of focus will enable the DHHR to share information both horizontally and vertically throughout the department in a more timely manner, as well as with key external stakeholders.

Also critical to the success of these newly created or updated meetings will be the clarity of roles and responsibilities, as well as a demonstration of key leadership behaviors. If meetings involve status updates or one-directional communication from the top-down, they will not have the intended impact. Agendas should be intentionally designed, and a moderator should be assigned to encourage participation, drive action, and hold participants accountable.

Figure 19 provides notional examples of a few meetings that could begin to comprise an operating rhythm.

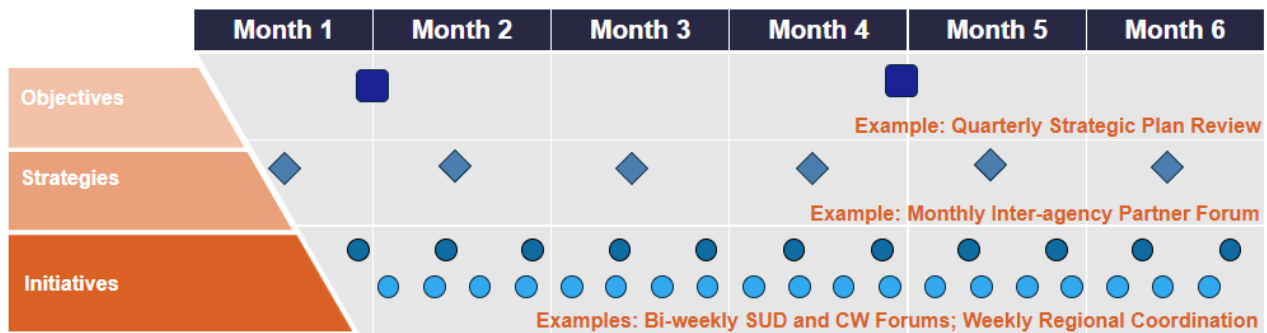


Figure 19

Structure: Deepen investment in leadership throughout DHHR, starting at the executive level.

To accelerate the impact of the department-wide strategy and its accompanying structure, the McChrystal Team recommends a three-level approach to leadership development for the Department. While critical to success, leadership development for the Department cannot occur in a vacuum, as DHHR will need to maintain continuity of services through the transition to the new Department strategy and structure. As such, the McChrystal Team recommends a comprehensive and targeted leadership development program to integrate key leadership skills and behaviors at the strategic, operational, and tactical levels.

Program	Purpose	Target Audience
Phase 1: Executive Leadership Program	Strengthen relationships among team members, clarify roles, responsibilities, and accountabilities, and conduct recurring coaching sessions on how to develop individually	New ELT
Phase 2: Senior Leadership Development Program	Develop a collective understanding of strategic plan and how to lead the organizational changes underway, and refine leadership capabilities and behaviors	Senior Leaders partnering with ELT
Phase 3: Mid-level Leaders Development Program	Focus on how to lead the strategic plan’s execution across all levels; build a leadership pipeline across DHHR	Mid-level Leaders selected to participate in the program
Phase 4: Leadership Foundation Program	Develop foundation of expected leadership skills and foster effective leader behaviors across all new DHHR leaders	Newly hired leaders or recent promotions to supervisor positions

Operational Processes: Prioritize administrative process improvement after the detailed action plans for the administrative objectives are developed.

In recent years, DHHR has undertaken multiple efforts to improve certain operational process areas noted in [Finding 3](#). While noteworthy and necessary, focusing organizational change efforts on process improvements will not sufficiently empower frontline leaders given the combination of DHHR's current challenges. The COO should first complete the actions in [Recommendation 1](#), and then use the action plans to prioritize and guide operational process improvement efforts. For example, if strategies pertaining to the department-wide objective focused on enhancing the workforce indicate DHHR needs to partner more closely with DOP, improvement efforts will look very different compared to a strategy to garner an exemption from DOP policies and processes. As noted above, all improvement efforts should be centered around creating and executing the DHHR strategic plan.

CONCLUSION

In consideration of HB4020, and in response to the Governor’s request to conduct a “top-to-bottom” review of the Department, the McChrystal Team completed this report to summarize the organization assessment *Findings and Insights*, the strategic plan, and the *recommended* way forward.

To improve West Virginia’s health and human services outcomes, the status quo is not an option; DHHR requires bold organizational change. After completing this organization assessment and strategic plan, the McChrystal Team disagrees that splitting DHHR into two separate departments is the option that will provide the desired results. Instead, the McChrystal Team recommends that **DHHR remain a single department and focus all improvement efforts – to both structure and process – around the strategic plan designed to address the highest priorities within West Virginia’s environment.**

Key findings and insights previously explained include:

- **Structure:** DHHR’s organizational structure needs improvements so its hard-working teams are better able to adapt to the rapidly changing environment of health and human service needs in West Virginia.
- **Strategic Focus:** Bureaus and offices demonstrate a commitment to driving progress, but concurrent enduring crises in West Virginia’s health and human services environment increase the importance of DHHR operating from a department-wide strategic plan.
- **Operational Processes:** Process inefficiencies, combined with inter-agency dependencies, create barriers to teams receiving necessary resources and lead the workforce to operate reactively.

The McChrystal Team recommends DHHR take these actions in support of its employees and in service to West Virginians:10/11/2022

- Strategic focus
 - Develop and then communicate detailed action plans to enable execution of each objective in the department-wide strategic plan.
- Structure
 - Establish an Executive Leadership Team (ELT) and align DHHR’s organizational structure to enable the execution of the objectives in the strategic plan.
 - Deepen investment in leadership throughout DHHR, starting at the executive level.
- Operational processes
 - Design and implement an operating rhythm for each department-wide objective to improve communications and collaboration so DHHR can better understand and respond to the complex needs of West Virginians.
 - Prioritize administrative process improvements after the detailed action plans for the administrative objectives are developed.



The McChrystal Team appreciates the trust the state of West Virginia placed in our firm to undertake this critical effort. We look forward to seeing DHHR make the necessary improvements to address the concurrent enduring health and human services crises facing West Virginians.

ANNEX A: STRATEGY ALIGNMENT APPROACH TO STRATEGIC PLANNING

Background

As noted in the *Introduction*, HB4020 mandated a split of the DHHR into a separate Department of Health and a Department of Human Resources by July 1, 2022. After the bill passed in the House and Senate, Governor Jim Justice vetoed the legislation because it did “not provide adequate direction on the many questions that must be addressed in this massive endeavor.” In response to the Governor’s instructions to conduct a “top-to-bottom review of the Department,” DHHR leadership issued Solicitation HHR220000002 to identify and partner with an outside vendor to complete a comprehensive organization assessment and **to develop a strategic plan that informs the Department’s decisions regarding “organization, structure, and strategic priorities”**¹⁶. The McChrystal Team was selected as that partner.

Approach

Over the course of 17 weeks, the McChrystal Team executed an integrated approach to deliver analytical insights into how the DHHR operates, based on a proprietary *organization assessment* and a proven strategy alignment process. As shown in the dark blue sections of *Figure 20*, the strategy alignment efforts spanned 12 of the 17 weeks and the developed strategic plan was then integrated into this final report in the last four (4) weeks of this engagement.

The McChrystal Group approach is based on the concept that the power of a strategic plan comes from executive leaders’ alignment around its content, as well as their commitment to it and communication of it

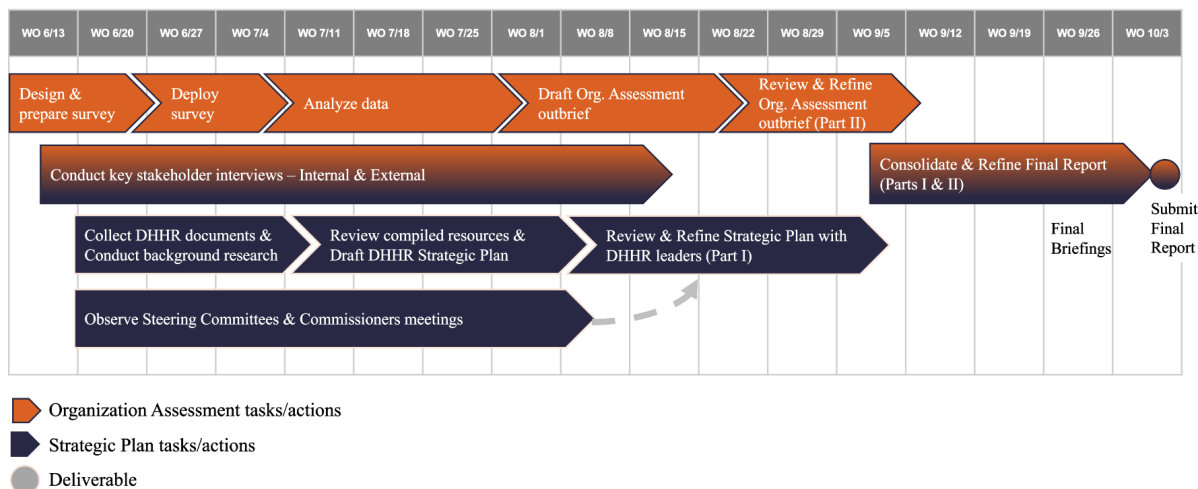


Figure 20

¹⁶ West Virginia DHHR. (2022, April 25). RFP Released to Review DHHR from Top-to-Bottom. Retrieved from <https://dhhr.wv.gov/News/2022/Pages/RFP-Released-to-Review-DHHR-from-Top-to-Bottom.aspx>

throughout the organization. To efficiently align DHHR leaders around the department-wide strategic plan, the McChrystal Team conducted interviews, reviewed documents, observed meetings, and facilitated discussions among DHHR senior leaders.

Additional details for each step of the strategy alignment process (shown in dark blue in *Figure 20*) are explained below.

- Conduct key stakeholder interviews – internal and external
 - Through this engagement, the McChrystal Team interviewed 65 individuals. Those interviews included the Secretary and Deputy Secretary, all Commissioners and most Deputy Commissioners, and leaders from all Offices reporting directly to the Secretary. Once the quantitative data from the survey was available, the McChrystal Team also interviewed select mid-level and frontline managers identified through the organization assessment as influential in the organization.
 - In addition to internal leaders and employees, the McChrystal Team interviewed a series of external stakeholders, including legislators, legislative staff, other state agency leaders, and leaders from a variety of associations; all of whom collaborate with and/or are served by the DHHR. Focus groups were held with local organizations and additional associations. These interviews and focus groups provided the context needed to gain perspective on strengths, opportunities, and challenges facing the department and the state.
- Observe Steering Committee and Commissioners’ meetings
 - Members of the McChrystal Team attended weekly DHHR Steering Committee and Commissioners/ Office Directors’ meetings to observe the current approach to those meetings and the interactions among leaders. The Team also attended semi-monthly meetings between the Secretary and Commissioners. The aggregate goal of the meeting observation was to assess strategic focus, alignment, and tone to inform aligned strategy and downstream recommendations related to meeting structure, cadence, and execution.
- Collect DHHR documents; Conduct background research; Review compiled resources and draft DHHR Strategic Plan materials
 - The McChrystal Team issued a data request to DHHR Bureaus and Offices, requesting a variety of recent and historical documents to gain a foundational understanding of them, including the breadth of their services, strategic plans, and recent priorities. The team reviewed all received documents in preparation for the strategic plan working session.
 - The McChrystal Team also conducted a comparative analysis of strategic plans from departments of health and human services in other states to assess their elements and applicability to West Virginia.
 - After reviewing all documentation, the McChrystal Team drafted materials to facilitate the working sessions described below.
- Review and refine Strategic Plan with DHHR leaders
 - Reviewing and refining the DHHR department-wide strategic plan consisted of six (6) steps. The Cabinet Secretary and all direct reports were invited to participate in all sessions and overall attendance and participation were high. Each session employed different techniques to

gain collective input from leaders, create conditions for collaborative work, and surface input and perspective from all participants.

1. One (1) hour virtual working session focused on drafting the vision statement
2. Two and a half (2.5) hour in-person working session to confirm the vision, then draft the mission, values, and corresponding behaviors
3. Three separate one (1) hour virtual meetings, so leaders could provide feedback; this resulted in the confirmation of vision, mission, values, and behaviors
4. Shared six (6) drafted department-wide objectives during a weekly leadership meeting 10 days before the final working session, so leaders had time to reflect, discuss with teams, and prepare for the upcoming facilitated discussions.
5. Two and a half (2.5) hour in-person working session to review and update the proposed objectives.
6. After completing all working sessions, the McChrystal Team reviewed and analyzed the drafted language in the strategic plan, the notes from the working sessions, the state’s health and human service outcomes, and the comparative analysis of outcomes from other states. Based on this analysis and experience conducting strategy alignment work with numerous other large organizations, the McChrystal Team developed the final draft of the DHHR strategic plan in *Figure 21*.

Vision	Improve the health, well-being, and quality of life for West Virginians				
Mission	Empower West Virginians through access to quality care and essential human services				
Values	<u>C</u>ollaboration <ul style="list-style-type: none"> • Build trusted relationships • Share information and seek input • Partner with internal and external teams 	<u>A</u>ccountability <ul style="list-style-type: none"> • Act with integrity and transparency • Own your actions and outcomes • Practice fiscal responsibility 	<u>R</u>espect <ul style="list-style-type: none"> • Show compassion to those we serve • Consider others' perspectives • Seek to understand 	<u>E</u>xcellence <ul style="list-style-type: none"> • Make evidence-based decisions • Find the best solution • Commit to continuous improvement 	
Objectives	Improve all statewide safety and permanency indicators for <u>child welfare</u>	Reduce fatal and non-fatal overdoses by treating and preventing <u>substance use disorders</u>	Increase <u>access to care and support services</u> for all individuals by increasing enrollments and overcoming access barriers	Attract, acquire, develop, and retain a competent and valued <u>workforce</u>	Enhance delivery of DHHR <u>administrative services</u> to support program execution

Figure 21

Observations of DHHR leadership alignment for vision, mission, values, and objectives

In addition to facilitating the working sessions, the McChrystal Team observed the DHHR leaders’ interactions to gauge their level of alignment. The evolution of this group’s strategic alignment is best summarized as: *varying perspectives reaching fairly strong alignment on the vision, mission, and values with a divergence of alignment on non-administrative objectives*. Additional details of the McChrystal Team’s observations and evolving assessment of alignment throughout this process are provided below.

- During the **vision working session**, the McChrystal Team facilitated four (4) virtual breakout group discussions to review examples of other organizations' vision statements, then asked leaders to share ideas and brainstorm the DHHR vision statement. The group of leaders did not reach a final vision statement that day, but there was a high level of alignment among all breakout groups. Specifically, each group shared similar reactions to and feedback for the example vision statements, and more importantly, showed consistency with key phrases and concepts to include in the DHHR vision statement.
- During the **mission and values working session**, The McChrystal Team used a variety of group facilitation activities. The leaders drafted options for a mission statement, prioritized value statements, and discussed corresponding behaviors.
- A mission statement was defined as an action-oriented statement declaring the purpose an organization serves to those it serves. Leaders were also prompted that the mission statement should answer the questions: what do we do? and what does success look like? Leaders were split into four (4) groups to draft mission statements that complemented the proposed vision statement. Those groups were then combined into two (2) groups to discuss similarities and differences between their ideas and produce a combined version. The differences in the **drafted mission statements sparked good conversations, and each combined group put forth a single option for a combined mission statement**. The entire group reviewed and discussed the final two (2) mission statement options.
- To establish a set of DHHR values, McChrystal Team provided a list of more than 25 general values to prompt leaders' thinking and then asked them to consider: *to which values were they committed to consistently demonstrating through their own behavior and expecting of others on their teams?* The list was narrowed down to the top eight (8) to ten (10) values and similar suggestions were combined. Smaller groups then discussed each value to clarify the expected behaviors. With a large number of leaders in the room and a large number of values to consider, the **group did not reach a final agreement on the highest priority values, but there was clear alignment around the primary concepts**.
- The McChrystal Team took all outputs from these first two (2) working sessions and drafted the consolidated vision statement, mission statement, and list of values with supporting behaviors. To allow for efficiency and to accommodate the leaders' schedules, the McChrystal Team held three (3) **virtual sessions so they could share feedback on the final drafts** of these statements before the working session focused on objectives. Participation was again high for these optional sessions, and leaders shared different insights based on their perspectives, but **nothing caused concern for misalignment**, so the vision, mission, and values were considered a final draft.
- Prior to the working session focused on objectives; the McChrystal Team provided six (6) examples of potential department-wide objectives for these leaders to consider. This list was created after the thorough review of all documentation shared by DHHR and the comparative review of similar states' strategic plans for health and human services. This provided the McChrystal Team with a strong foundational understanding of West Virginia's environment on which to base the potential objectives. The leaders were asked to use the following 10 days to review, discuss with their teams, and come to the next working session prepared to discuss DHHR's objectives.
- During the final working session, the McChrystal Team used group facilitation activities to "pressure test" the achievement of the drafted mission statement against the six (6) potential objectives. The leaders were asked to look to the future and consider the most likely causes for failure to achieve

DHHR's mission. We asked them to consider this and then discussed how the objectives do or do not align with managing those risks. There was significant discussion around internal process improvement needs, so the workforce and **administrative objectives were confirmed quickly with strong alignment**. There was also conversation around whether the remaining objectives should focus on target audience groups and the groups that serve them or whether they should be focused on challenges in the environment.

- By the completion of this session, the list of **department-wide objectives expanded from six (6) to eight (8) objectives**. **This prompted a concern** because the updated objectives leaned towards noting all target audiences and the specific bureaus that support each audience. Based on the McChrystal Team's experience, creating objectives that simply align with the needs of an organization's work units will reinforce silos rather than enable the fundamental collaboration to address the critical needs of the environment. After reviewing the language in those objectives, the notes from all working sessions, the state's health and human service outcomes, and the comparative analysis of outcomes from other states, the McChrystal Team adapted those eight (8) objectives into the five (5) seen in *Figure 21* above.

Recommended Next steps

As noted in *Recommendations*, in order to address DHHR's challenges outlined in *Finding 2* and provide focused prioritization for the operational process improvements mentioned in *Finding 3*, the DHHR needs to convene the Executive Leadership Team to align on the strategic plan, then further develop and broadly communicate the plan. The department-wide strategic plan will establish an aligning narrative and help all Bureaus and Offices understand how their teams' programs, processes, and services contribute to the department-wide objectives. The objectives in this plan are large challenging issues that will not be simple to address. Achieving them will require consistent focus and support from teams across the department. Therefore, detailed action plans are needed to identify key strategies, initiatives, performance measures, and milestones.

ANNEX B: CROSS-BUREAU COMMUNICATION

Background

A significant amount of data was shared in the *Findings and Insights*, but it was only a portion of the data compiled through the organization assessment. Additional data is provided here, because while viewing silos on the network maps is informative, it is difficult to parse *exactly* where and how much cross-team information exchange is occurring. Information flow tables delineate this information.

How to Read Information Flow Tables

The percentages shown in gray in *Figure 22* represent the % of respondents from each bureau/office (blue vertical column) who mentioned a source of good information in a corresponding bureau/office (orange horizontal row). For example, 100% of Bureau of Behavioral Health respondents cite a person in Behavioral Health as a source of good information, while only 2% of Behavioral Health respondents cite a person in the Bureau for Child Support Enforcement as a source of good information.

% of respondents from each bureau (blue) who mentioned a source of good information in corresponding bureau (orange)	Bureau of the Person Mentioned as a Good Information Source						
	Behavioral Health	Child Support Enforcement	Family Assistance	Medical Services	Public Health	Social Services	Office of the Cabinet Secretary
Behavioral Health	100%	2%					
Child Support Enforcement							
Family Assistance							
Medical Services							
Public Health							
Social Services							
Office of the Cabinet Secretary							

Figure 22

DHHR Information Flow Tables

The information flow tables offer an alternative view of examining silos. In *Figure 23*, intra-bureau/office communication is shown. Not surprisingly, 98% of respondents or more named someone within their own bureau/office as a good source of information.

Data Input: Please list up to 8 people to whom you go as a great source of information.

% of respondents from each bureau (blue) who mention a source of good information in corresponding bureau (orange)	Bureau of the Person Mentioned as a Good Information Source						
	Behavioral Health	Child Support Enforcement	Family Assistance	Medical Services	Public Health	Social Services	Office of the Cabinet Secretary
Behavioral Health	100%						
Child Support Enforcement		98%					
Family Assistance			98%				
Medical Services				100%			
Public Health					99%		
Social Services						98%	
Office of the Cabinet Secretary							98%

Figure 23

- 100% of respondents within the Bureau for Behavioral Health (BBH) cite at least one other BBH member as a good source of information
- 98% of respondents within the Bureau for Child Support Enforcement (BCSE) cite at least one other BCSE member as a good source of information
- 98% of respondents within the Bureau for Family Assistance (BFA) cite at least one other BFA member as a good source of information
- 100% of respondents within the Bureau for Medical Services (BMS) cite at least one other BMS member as a good source of information

- 99% of respondents within the Bureau for Public Health (BPH) cite at least one other BPH member as a good source of information
- 98% of respondents within the Bureau for Social Services (BSS) cite at least one other BSS member as a good source of information
- 98% of respondents within the Office of the Cabinet Secretary (OCS) cite at least one other OCS member as a good source of information

Most good information sources are within the respondents' respective bureaus, which indicates siloed communications persist. This finding reinforces the network map shown in *Figure 7*.

Data input: Please list up to 8 people to whom you go as a good source of information.

% of respondents from each bureau (blue) who mention a source of good information in corresponding bureau (orange)		Bureau of the Person Mentioned as a Good Information Source						
		Behavioral Health	Child Support Enforcement	Family Assistance	Medical Services	Public Health	Social Services	Office of the Cabinet Secretary
Bureau of Respondent Taking Survey	Behavioral Health		2%	0%	17%	8%	10%	
	Child Support Enforcement	0%		19%	0%	3%	8%	
	Family Assistance	1%	6%		1%	1%	27%	
	Medical Services	9%	3%	5%		5%	19%	
	Public Health	3%	5%	3%	0%		5%	
	Social Services	1%	4%	42%	2%	1%		
	Office of the Cabinet Secretary							

Figure 24

When looking at the off-diagonals, which show cross-bureau or inter-bureau communication, there is more variance. (*Figure 24*) Cross-bureau mentions of good information are rare. Overall, some of the existing silos are evident given the overall low proportions of cross-bureau connectivity. For example:

- 0% of respondents within the BCSE cite a member of the BBH Health as a good source of information
- 1% of respondents within the BFA cite a member of the BBH as a good source of information
- 5% of respondents within the BMS cite a member of the BFA as a good source of information

There are some higher levels of cross-bureau communication, which indicate certain bureaus or teams within bureaus are leveraging the expertise of DHHR team members who work on different teams. For example:

- 17% of respondents within BBH cite someone in BMS as a good source of information
- 19% of respondents within BCSE cite someone in BFA as a good source of information
- 19% of respondents within BMS cite someone in BSS as a good source of information
- The two highest instances of collaboration are between the BSS and BFA, which is unsurprising because it indicates legacy communication patterns between the teams that were a single bureau until July 2021.

- 42% of respondents within BSS cite someone in BFA as a good source of information
- 27% of respondents in BFA cite someone in BSS as a good source of information

Deep Dive: Office of the Cabinet Secretary

A leadership team and central functions can help mitigate silos between bureaus by actively connecting with others outside of their own team. The McChrystal Team did not find that connective function in the Office of the Cabinet Secretary within the DHHR.

Insight 1.1 noted that because individuals in the Office of the Cabinet Secretary name few sources of good information outside of their own office, they are primarily communicating within their own group. This is more evident when viewing the organizational information flow data that comprises the high-level network maps (*Figure 25*). As shown on the bottom row, individuals in the Office of the Cabinet Secretary rarely go to people outside of their own office for information. Specifically:

Data input: Please list up to 8 people to whom you go as a <u>great source of information</u> .							
% of respondents from each bureau (blue) who mentioned a source of good information in corresponding bureau (orange)	Bureau of the Person Mentioned as a Good Information Source						
	Behavioral Health	Child Support Enforcement	Family Assistance	Medical Services	Public Health	Social Services	Office of the Cabinet Secretary
Bureau of Respondent Taking Survey	Behavioral Health						46%
	Child Support Enforcement						21%
	Family Assistance						8%
	Medical Services						36%
	Public Health						23%
	Social Services						7%
	Office of the Cabinet Secretary	7%	7%	9%	8%	9%	8%

Figure 25

- 7% of respondents within the Office of the Cabinet Secretary cite a member of BBH as a good source of information
- 7% of respondents within the Office of the Cabinet Secretary cite a member of the BCSE as a good source of information
- 9% of respondents within the Office of the Cabinet Secretary cite a member of the BFA as a good source of information
- 8% of respondents within the Office of the Cabinet Secretary cite a member of the BMS as a good source of information
- 9% of respondents within the Office of the Cabinet Secretary cite a member of the BPH as a good source of information

- 8% of respondents within the Office of the Cabinet Secretary cite a member of the BSS as a good source of information

In a high-performing organization, central leaders, administration, and shared services can compensate for siloed networks by actively connecting stakeholders and creating systematic processes that save time and prompt the intra-organizational information sharing. In DHHR, the offices responsible for creating policies and procedures that enable the bureaus to deliver services rarely seek input from those teams. This limits the offices' general understanding of service delivery, thereby impacting decision-making and effective service delivery, as noted in [*Insight 1.3*](#).

ANNEX C: SPECIFIC BUREAU AND OFFICE SILOS

Background

The McChrystal Team Organizational Network Analysis (ONA) included in the *Findings & Insights* section described siloed operations that limit teams' abilities to cross-collaborate and address the complex needs of West Virginians. *Figure 26* shows the DHHR network by Bureau and Office. This ONA map is presented again below. As mentioned earlier, organizational silos themselves are not always a problem. However, for teams across the DHHR to best serve the complex needs of West Virginians, they need established processes and leadership behaviors that enable them to collaborate more easily. In addition to McChrystal Team's five (5) overall Recommendations, one bureau and one office are worthy of further comment regarding their siloed positioning: the Bureau for Public Health (BPH) and the Office of Health Facilities (OHF).

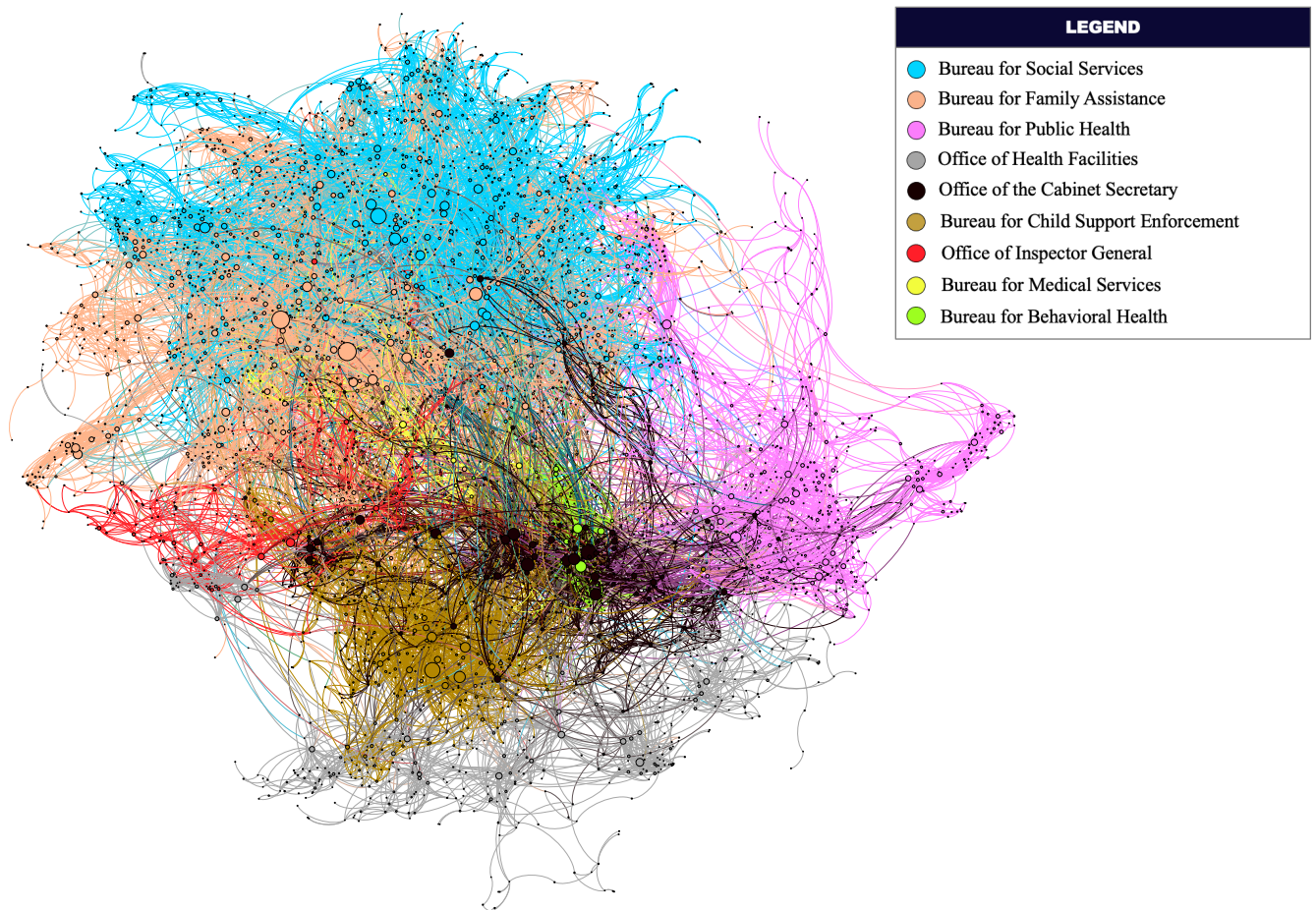


Figure 26

Bureau and Office Specific Recommendations

Bureau for Public Health

On the right side of the map, the pink circles represent the BPH, which is siloed from the rest of the organization. This is not surprising as BPH has been focused on the COVID-19 pandemic response and connected to outside entities, including the National Guard, and other external stakeholders.

The effective operations of BPH require both an internal and an external focus. In order to address the complex and enduring needs of West Virginia, the bureau must maintain a connection with external stakeholders, e.g., Local Health Departments. But BPH must also solidify its connections to other bureaus and offices within the DHHR. The implementation of *Recommendations* 1-5 in this report will facilitate addressing BPH as a silo while still enabling partnerships with external parties. Recommendation 1 (Strategy) and Recommendation 2 (Structure) will assist in breaking down the current BPH silo. Aligning a BPH strategy with a higher level DHHR strategy will help the team prioritize how and with whom to collaborate to address the most pressing needs of West Virginians including substance use disorder, child welfare, and access to care and services. The recommended structural change to separate the State Health Officer (SHO) from the Commissioner of BPH will empower the two important functions of a state chief medical advisor and a senior leader focused on BPH operations and internal accountabilities.

Office of Health Facilities

At the bottom of the map, OHF is shown in gray. These health facilities operate independently from the rest of DHHR, and individuals within these facilities are primarily only connected within their facility and essentially do not communicate outside of their own office. *As noted earlier, because many OHF members are without daily access to a laptop / PC workstation, the response rate achieved for OHF was 35%. Though this response rate was considerably lower than that of the other bureaus and offices, the results are corroborated by qualitative data gleaned in interviews with internal and external stakeholders.*

The “silo” position of the OHF is not surprising as the facilities operate for the most part individually and have little connection to each other or to the DHHR, except for the Office of the Cabinet Secretary. The organization assessment revealed that the OHF demands a significant amount of attention from the Secretary and others in the Office of the Cabinet Secretary, as well as financial and other resources to address many obstacles including, but not limited to, clinical workforce challenges and outdated facilities. During the organization assessment, the McChrystal Team learned that multiple discussions to privatize some of the health facilities have occurred, and in some cases, plans were proposed, but no action has been taken to date. Each facility is unique in that each serves a specific community and population. West Virginia’s health challenges demand health facilities that deliver relevant services in an environment that provides an effective patient and staff experience. The appropriate use and management of the health facilities require significant investment of time and financial resources by executive level leaders. Given the network analysis results in addition to other assessment findings coupled with the need for DHHR leadership to address other multiple concurrent crises in the environment, the McChrystal Team supports the consideration to privatize the facilities. The McChrystal Team recommends that the DHHR leaders convene meetings with appropriate external organizations to discuss options and create facility-specific plans as quickly as possible to determine an appropriate way forward that best serves the relevant populations’ needs as well as the communities in which the facilities operate.

McChrystal Group

McChrystal Group helps you drive the results that matter by unleashing the power of your teams. That's why we've been helping organizations get their teams working better, smarter, and faster for over a decade. Forged in combat and proven across industries, we use our Team of Teams® framework to help you get the most out of your teams, turning them into powerful engines of meaningful change.