Human services has always found itself at the forefront of supporting families in times of need and intervening at times of crisis. Those who do this work have long dreamed of what could be possible for families if systems were to act in a coordinated manner. They also have seen the missed opportunities when families struggle to solve their problems while navigating fragmented and siloed programs. The COVID-19 outbreak has reinforced why resolving this long-standing challenge is necessary, urgent, and arguably the single most pressing issue facing human services today.

Reimagining Service Delivery: A Journey to Better Outcomes

By Phil Poley, Molly Tierney, Jamie Walker, Gaurav Diwan, Joseph Fiorentino, and Jonathan Fry
TODAY’S EXPERIENCE

Imagine a single mother raising two young children who are estranged from their father. While the father provides financial support now and then, the couple’s history of domestic violence leaves the mother reluctant to ask for more. Despite working two minimum-wage jobs, she still does not earn enough to make ends meet. Both of her children have chronic health issues that require sub-specialty care, and the elder child often misses school as a result. This mom is consistently overwhelmed by the demands of managing the family’s daily needs, maintaining housing, and ensuring they have enough to eat. Not surprisingly, the culmination of these circumstances, and the inherent stressors on this household, have led to repeated calls to Child Protective Services.

This family profile is an all-too-common demographic, dependent on government programs to meet their most basic needs: food, shelter, health care, and safety. The family touches Public Benefits, Child Support, Child Welfare, Health, Employment Assistance, and Education. They rely on these agencies to cobble together the resources they need—and yet those resources never really solve any of the problems they are facing.

Today’s systems place the burden of navigating the tangle of programs onto the very families who are struggling. This dynamic exemplifies the need for programs across human services to pivot toward a more coordinated approach.

MISSION: INTEGRATION

More recently, the conversation has shifted to consideration of a more integrated model—one that would focus on ease of access and the possibility that programs could be used to solve the real-world problems families face.

It’s a good idea, and one that has become popular among decision makers. The task before us now is to move from concept to action—to make cross-system collaboration the rule rather than the exception. We can transition from conversing about it to doing something and providing a journey for these families to a better experience, greater efficiency and, ultimately, improved outcomes.

TOMORROW’S POSSIBILITIES

Imagine the same single mother and how her experience would change if she encountered an integrated model. One could imagine an upfront look into the holistic needs of the family and a plan, co-designed with her and the father of her children, that might get them on their feet.

That plan might involve the opportunity to enroll in training to prepare for more lucrative employment for her and for the children’s father. It might facilitate access to financial aid to minimize the out-of-pocket costs of attending a local trade school, community college, or online program. The potential wage increases could create more financial resources for the children and regular contributions from the father.

An integrated plan also might include more support in managing the children’s complex health needs, coordinated with the school so that attendance could be regular and steady. And it might pull together supplemental resources, such as food assistance, that could support the household during a time of transition.

In this alternative model, the family would be less likely to exhaust their resources in pursuit of disparate programs and more likely to solve the array of challenges they are facing.
**LET’S START TODAY**

An integrated service model will require changes in behavior as well as technology. Here are a handful of ways we can take quick action now:

*Take a family-centered approach.* It is critical that we shift from a “programs” orientation to a family-centered mindset and approach. Instead of asking families to come to each of our long list of programs, we would find a way of going where families already appear.

Schools are a prime example. What if we made the commitment to invest in and scale up models where schools are not only institutions of learning but also physical focal points for health care and human services? How might we bring pediatricians and social workers on site for easier, more reliable access? How might the option of online learning enable children to participate with greater consistency?

*Manage data governance.* Interests in data sharing often fall prey to strong opinions and complex rules about privacy and security. These will continue as critical issues that we must manage. What’s more, we must not depart from the data governance debate before it is resolved. The critical underpinning of an integrated approach is a robust, cross-sector governance structure that promotes partnership, collaboration, and appropriate data sharing.

*Transition to a family-centered portal.* Many programs still operate with the presumption of physical spaces. An integrated model will rely on technology. Access to an integrated, easy-to-use portal where families can understand their eligibility and manage all their needs—without repeatedly filling out the same fields or answering the same basic questions—will be an important first step.

*Leverage artificial intelligence and virtual capabilities.* We regularly use a host of technologies in other areas of business and our personal lives. These capabilities can be brought to bear in serving families who rely on human services. This includes bots that enable parents to get an answer to a question quickly instead of having to wait in an office for an available case worker or by the phone for a return phone call. It could also mean a parent receives alerts via a mobile app for prescription refills or follow-up appointments. Telehealth capabilities make it possible to support medical appointments (especially routine follow-ups) while lessening time and transportation requirements.

*Apply insights.* Deriving insights from available data is a key component in an integrated service model. Advanced analytics can enable agency leaders to gain a truly big-picture view—arming them with the ability to redirect and reallocate resources to programs that are actually solving problems.

Last fall, an integrated service model profiled as a really good idea. The global pandemic—which is having a disproportionate impact on many families who rely on human services—transitions this idea from “really good” to “urgent.” Now more than ever we have a moral, ethical, and professional obligation to use our public resources to solve problems for families. All of the solutions mentioned here are available to us now. Together, let’s create a future where this formula is the status quo for everyone we serve.

---

**Integrating Interactions Beyond COVID-19**

The COVID-19 outbreak created a communications emergency for human services organizations. Given the reality of prolonged shelter-at-home orders, how could organizations continue day-to-day interactions with the people they serve? Understandably, most quickly adopted an existing Internet conferencing app or platform.

As organizations continue adapting during the pandemic, we see an important opportunity to fundamentally rethink communications and engagement. How can we shape a “new normal” that supports the vision for coordinated services?

The answer comes down to two core requirements: the technical (selecting a platform or tool) and the cultural (ensuring upskilling for the front line).

From a technical perspective, human services must identify secure platforms that can be universally adopted, that are indisputably easy to use and that offer the functionality needed to meet the complex demands of case workers and other front-line professionals. Human services interactions require more than a standard “conference call.” When replacing an in-person visit with a digital experience, we must ensure that those interactions are as rich and vibrant as possible. Some organizations may have found an appropriate long-term tool as part of their COVID-19 response; many others may need to look beyond their stopgap solutions.

From a cultural perspective, it is important to remember that most front-line workers are not accustomed to interacting with individuals or families through video conferencing or similar tools. They will need support in adapting to this new way of engaging. That includes training on how to use the tool. Even more important, they will need to learn techniques for conveying warmth and empathy, demonstrating active listening, and fostering productive conversations. That may include co-creating an agenda with clients, pausing to make space for clients to speak, and doing “check-ins” to gauge how all participants are feeling. There are also opportunities to leverage lessons learned from clinicians who have treated patients via telehealth.

COVID-19 has already changed the practice of human services. The shift toward remote working and digital engagement can and should endure after the public health crisis abates. With the right technology—and the right upskilling—these new modes of interaction can move us closer to integrated delivery, improved experience, and better outcomes.