EXECUTIVE SUMMARY

CREATING A GENERATIVE FUTURE—TOGETHER

The 2016 Health and Human Services Summit: Catalysts for a Generative Future
Evidence-based client services are the future of health and human services. This is putting data insight at the heart of program delivery to achieve meaningful and sustained outcomes for people and communities. To succeed, agencies cannot go it alone.

The work of health and human services organizations protects and supports human wellness—social, physical, emotional and spiritual. Outcomes are not measured in profit or shareholder value, but in potential realized, and lives saved.
It is a best-of-times, worst-of-times environment in health and human services. There are exciting tools—from predictive analytics and collaborative digital technologies to new research in brain science—that can help federal, state and county agencies improve the quality and impact of services in their jurisdictions. Yet longstanding regulatory, policy, structural, technological and cultural barriers continue to slow progress.

How do agencies move through the challenges and seize the opportunities to create a generative future?

Leaders who attended The 2016 Health and Human Services Summit: Catalysts for a Generative Future explored this question. Important themes emerged during the weekend at Harvard University:

• **Data insight is key for evidence-based decisions.** Agencies don’t have to wait years for results to allocate resources to programs proven to work.

• **Data sharing across boundaries is not a myth.** It takes the right technologies, governance structures, relationships, and a little creativity.

• **Ecosystems combine strengths for outcomes.** These are collaborative, cross-boundary networks connected by data sharing and a common vision.

Creating a new future for health and human services and harnessing data will push agencies outside of their comfort zones. There is no other way to move up the Health and Human Services Value Curve to the generative level.

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**WHAT DO LEADERS THINK ABOUT TODAY’S ENVIRONMENT**

Summit attendees completed a diagnostic survey prior to the event. Results reveal their views on today’s environment as well as barriers and enablers to progress:

- **56** percent feel significant pressure to improve capacity and service delivery.
- **62** percent anticipate a significant increase in pressure in the next five years.
- **71** percent believe it is critically important to build new ecosystems.
- **Just 6** percent feel well prepared to build new ecosystems.
Human services practitioners created the Health and Human Services Value Curve to help agencies guide the evolution of service delivery. This practical framework tracks human services business model development across four levels. The higher the level, the greater an agency’s capacity to deliver outcomes.

- **Regulative Business Model.** This model is the starting point for all health and human services organizations. It is a basic model to deliver services to eligible people in compliance with policy and program regulations.

- **Collaborative Business Model.** This model delivers the best mix of services that people are eligible to receive. It breaks through boundaries so agencies can collaborate and share information.

- **Integrative Business Model.** This model seamlessly coordinates and integrates services so that agencies can effectively identify and address root causes of people’s needs for effective solutions.

- **Generative Business Model.** This is an innovative, future-focused model of health and human services delivery. Leadership, operations, technologies and processes are adaptive and innovation is continuous.

If investment in your services is solely dependent on measurable outcomes—we know this is going to take a long time to play out, and it’s going to come incrementally—what form of organization and services would you design now? What would it look like?

Antonio Oftelie
Executive Director
Leadership for a Networked World
WHAT IT TAKES TO MAKE THE FUTURE

For seven years running, the Health and Human Services Summit has been a destination where leaders share their struggles and successes and learn from each other. Discussion at this year’s event reveals five fundamentals for developing and scaling holistic, outcome-focused and generative programs to meet the complex health and social challenges that too many people face today.

1. DATA: ANALYTICS FUELS BETTER INTERVENTIONS FASTER

Data—how to collect, analyze and share insights—is a top-of-mind issue for health and human services professionals. There is a push to move beyond using data insight solely for reporting or operational purposes and use it in a more proactive way to shape programs. Contrary to common belief, agencies do not need data warehouses, a full-time staff of data scientists, or years and years to get results.

Predictive analytics allows agencies to pinpoint high-need service areas or populations and quickly use data to develop insight-driven practice models to solve problems. This is how the Allegheny County (Pennsylvania) Department of Human Services is improving child welfare decision making. Caseworkers have limited information when they receive a call about child abuse or neglect. And child welfare agencies cannot respond to every case. A risk-based scoring system developed through predictive risk modeling is helping caseworkers decide whether to screen calls in or out at that vital first decision point.

Rapid-cycle evaluation is a technique that agencies are exploring to act on data insight. With rapid-cycle techniques, agencies can assess the effectiveness of specific interventions faster. They can do pulse checks on what is working, make the business case to funders, and drive continuous improvements.

Working with Virginia Tech, the Commonwealth of Virginia is in the early stages of an initiative to determine the effectiveness of programs for disadvantaged children in Roanoke. Rather than use a randomized controlled trial—which still have their place—the program will use rapid-cycle analytics techniques, which is a much more dynamic approach. Gary Glickman explains, “What we’re trying to do is build an analytics model that helps bridge that research and practice area to allow our research to be much more relevant on a much more timely basis.”

What we want to do is move more toward doing research on a dynamic basis, where we’re taking the results of that research and feeding it back into practice. Let’s look at the funding flows and see if we can move funding to what works.

Gary Glickman
Accenture
2. ECOSYSTEMS: THINK OF PARTNERSHIPS IN A WHOLE NEW WAY

Ecosystems are critical to the future of health and human services delivery. As Leadership for a Networked World’s Executive Director Antonio Oftelie explains, an ecosystem is “a set of interconnected organizations, machines and services that can collaborate across boundaries, across silos and design new solutions that address and solve root causes of individual, family and community health and human services challenges.” Data insight binds ecosystems, making for even deeper connections that exist in cross-agency or cross-sector partnerships. Ecosystems create a “multiplier effect” of scale and impact. Each member has something unique and complementary to contribute to the others—and to the people they serve. Together, the ecosystem delivers what no one member could alone.

This network effect is coming to life in Los Angeles, thanks to the Los Angeles Police Department’s (LAPD) Project HOPE. As homelessness grew beyond Skid Row, the Department realized that it alone could not solve the problem. Police officers had their role. Social services providers had their role. It was finally time to bring them together in a systematic, programmatic way.

LAPD’s ecosystem partners include the Los Angeles Housing Services Authority and other homeless service providers, the Department of Sanitation, the Office of the City Attorney, the Office of the Mayor and the Department of Mental Health. Members participate in a quarterly “Compstat” where they are held accountable for their commitments.

More homeless individuals are getting appropriate services now. “It happened because we were able to break through a lot of barriers to get a lot of other people that usually aren’t at the table with us to have the trust and the faith that we’re going to try to do our best to solve the problem that is really and truly impacting individuals, neighborhoods and the entire city,” explains Todd Chamberlain, Commander and Assistant Commanding Officer of the Los Angeles Police Department, Operations-Central Bureau.

We have to partner differently...It’s a new type of partnership that’s creating ecosystems, that’s not just creating programs that coordinate with one another, but a very different systemic experience that every person has every time. That’s a different way for us to be.

Susan Dreyfus
President and CEO
The Alliance for Strong Families and Communities
Health and human services leaders have a deep connection to the people they serve. This is not feel-good sentiment. It is a conscious strategic focus. As organizations share data insights and develop ecosystems to provide more evidence-based services, they are making it a priority to place people at the center of it all—the hub on the hub and spoke model.

This is happening in practice at the JeffCo Prosperity Project (JPP) in Jefferson County, Colorado. The program is focused on innovative service delivery models to break the cycle of generational poverty. JPP is the convener or “operating system” of a number of school, county government and business partners focused on supporting families on their journey to self-sufficiency.

But as Director Joyce Johnson explains, this work is not done in a vacuum. JPP asks families what they need, and how. “It really was coming to them and saying what is it that you want and how can we serve you, not here’s the box that we’ve decided you need to fit into. And that seems like a small shift maybe in some ways, but it’s massive because if you’re really going to make that change, that spirit has to be infused in every interaction that you have with the family.” One beneficiary explained why this pivot to the person matters so much. When she had always been a number to the system, JPP gave her a voice.

This points to a willingness among organizations like JPP to thread empathy into program development more intentionally than in the past. Service design principles provide a concrete way to do this from the idea generation stage. They are gaining momentum in the social services sector.

Service design is an iterative, collaborative approach to program design that accounts for the needs of everyone involved. For example, when the Michigan Department of Health and Human Services reinvented its child support calculator, both parents and caseworkers were involved in the process.

You have to believe in the people you serve and you have to love them. You have to see the people in our systems, not just as obscure data points, but as people who are filled with extraordinary power.

Rafael López
Commissioner
Administration on Children, Youth and Families
U. S. Department of Health and Human Services
4. ORGANIZATION: CULTURE CHANGE, CULTURE CHANGE, CULTURE CHANGE

Learning from the “outside in” to account for the experiences of the people served by health and human services programs is essential. However, moving to a more generative state requires organizations to look inward as well to change the hearts, minds and habits of the people doing the work—from leadership to the field. Organizational norms and cultures must change. This can be the toughest part of the journey to generative.

The federal government is challenging entrenched organizational practice in the health and human services space. Rafael López, Commissioner, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, explained his vision to “drive innovation in a very different way at the federal level using the federal levers to both, one, fund interesting and innovative ideas on the ground in collaboration with partners. And, second, try to take those lessons learned and scale them.”

The first-ever White House Foster Care and Technology Hackathon is an example of an organizational and cultural shift to different ways of working. The 48-hour event invited a diverse group that included technologists, hackers, app developers and child welfare leaders to develop apps that could respond to foster care issues. This agile way of working developed seven prototypes with limited time and resources.

Two-generation services represent another “counter-culture” way of working in the health and human services sector. They are an answer to stovepiped service delivery that is a significant barrier to whole person care. Lessons from the two-generation initiative in the State of Colorado, and Jefferson County in particular, show what can happen when agencies stop looking at people through a one-dimensional program focus and start serving them through a multi-dimensional focus that accounts for a cycle of environmental and familial influences.

If you’re changing culture, you cannot not have that equity conversation. You can’t not have a collaboration, integration, generative conversation. Otherwise, you have a project, and it will change with the fads of the day depending on the administration and who lets you do what. But when you change that culture to value human life, you will make that difference.

Lynn Johnson
Executive Director
Jefferson County Human Services
5. INNOVATION: FORGET ALWAYS-DONE-IT-THIS-WAY MINDSETS

While technology innovation will continue to shape the future of health and human services, innovation is not solely about technology. It is a mindset shift. Lead by adaptive leaders, innovative organizations pursue fresh thinking that disrupts how things have always been done. This can be breaking new ground with systemic change or making changes to “the big little things” that can have a surprisingly positive impact on an organization’s effectiveness.

Innovation is a strong theme in the State of Ohio’s transformation story. Five years ago, Ohio created the Office of Health Transformation (OHT) to reinvent health and human services operations statewide. OHT’s push for “practical innovation” has delivered impressive outcomes. The creation of this office in itself is a great example of structural innovation. The implementation of an integrated eligibility system for Medicaid, SNAP and TANF—which now includes a self-service portal for citizens—exemplifies technology innovation. OHT is pursuing payments innovation too, using enterprise data to shift from a fee-for-service to a pay for value model.

One important lesson in Ohio’s approach is that OHT learned early on that innovation for innovation’s sake just wastes time. Innovation must be practical, grounded in smart problem solving. For example, realizing that legal boundaries to data sharing could impact its success, the OHT created innovative “operating protocols” that allow OHT sponsored initiatives to supersede state laws such that funding and data can move seamlessly among participating agencies without contracts between them.

Miles away from Ohio in distance, Finland’s Apotti program shares a focus on integrating health and human services to improve quality, coordinate services, and enable more preventive services. Modernizing IT systems will allow for innovations in the customer and services provider experiences, supporting a significant shift toward data-driven and evidence-based care models.
FROM A SAFETY NET TO A CLIMBING LADDER

It is a pivotal moment in health and human services. To define a generative future where leadership, operations, technologies and processes are adaptive and innovation is continuous, organizations must be willing to break from the past. They must be willing to see themselves and the work that they do differently—make a shift from catching people when they fall to lifting them when they rise.

The story of the rescue of 33 miners from the San José mine in Chili became a metaphor for this transformation after Harvard Business School’s David Ager presented this incredible case study at the Summit. With advanced technology, communication and teamwork, a diverse group from across different sectors came together to literally lift up a group of people in need. They did what no one person or organization could have ever done alone. This is the spirit of the future of health and human services.

If we were to reimagine the health and human services space, we can imagine not just providing some folks with something that keeps them from hitting rock bottom, but something that provides them with the rungs so that they can also fulfill their purpose and the prosperity and wellness that we all have a collective interest in seeing to fruition.

Doris Tolliver
Chief of Staff
Indiana Department of Child Services
ABOUT THE SUMMIT

Developed by Leadership for a Networked World Convened by the Technology and Entrepreneurship Center at Harvard In collaboration with Accenture

FOR MORE INFORMATION, PLEASE CONTACT:

Debora Morris
debora.morris@accenture.com

Ryan Oakes
ryan.m.oakes@accenture.com

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