A Foundation for Sustainable Change:
Actionable Strategies for Delivering Integrated Human Services
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A Foundation for Sustainable Change: Actionable Strategies for Delivering Integrated Human Services

This paper is based on insight, expertise and experiences as captured at the Harvard Human Services Summit

In October 2010, more than 50 human services leaders—state and local CEOs and human services policymakers, researchers and executives—from across the United States convened at Harvard University for a summit on integrated service delivery. The goal was for participants to devise actionable strategies to begin the journey toward a transformation in how human services are delivered. Many participants had already taken steps to initiate change at the federal, state or local level. But to enable success, the group recognized the need for a common framework to guide development of a modern, effective system for the 21st century and to bring innovative and promising projects to scale.

The industry leaders at the Harvard summit believe that America needs—and deserves—a better system of delivering human services. Specifically, they are of a mind that:

- A renovated system should put families first and help make America more competitive in the global economy.
- A transformed system should uphold the promise of supporting and protecting our nation’s less privileged families.
- A rebuilt human services system should positively change the lives of those we serve and deliver real, effective and sustainable outcomes.
- A revamped human services system should take advantage of modern technology to maximize efficiency, effectiveness, accuracy and transparency.

Like any epic transformation, widespread change cannot happen in just one day. However, one must take a first step to initiate change and construct new foundations.
Human Services Today

To begin the journey toward building an integrated service delivery model, we must examine the current state of human services in the United States, first acknowledging the much-discussed economy as a major factor. The recession has brought about a "new normal"—a situation that calls for government, and the people it serves, to do more with less.

For families, less may mean getting by on one paycheck, struggling to pay medical expenses and digging deep to be self-sufficient amid the challenges of raising children, finding a job or supporting elderly parents. In times like these, many turn to government for help—some for the first time in their lives.

Government at all levels faces a similar strain. Human services agencies are responding now to a growing demand for services while dealing with shrinking budgets. A historic 42 million people are seeking human services in the United States. Baby boomers are aging, adding to the ranks of those in need. Millions are jobless. Many go without basic healthcare.

A Look into Tomorrow

Each day, it seems, human services are entering new, uncharted territory. Healthcare reform holds the promise of creating more service delivery integration over the long term. However, in the near term, this reform could unintentionally divide programs from one another.

To overcome these challenges and an ever-growing level of uncertainty, program administrators must find an innovative way to administer human services that keeps costs to a minimum but provides better transparency and customer service, and that better connects and links case management, eligibility, determination and intake.

An integrated delivery model has the power to change what is to what can be in human services.

The Evolution of Human Services

Since the expansion of social programs in the 1960s and 1970s, programs have experienced incremental change yet these changes have been largely uncoordinated and have occurred independently of each other.

Human services programs tend to develop their own unique set of eligibility and benefits rules with various federal agencies administering them under differing policy goals, guidelines and financing provisions and oversight. This, in turn, creates silos of service delivery.

This siloed structure of operations and data has had deep and far-reaching effects on citizens and on the programs themselves.

For people, this silo-like structure:
- Creates frustration among families, as they must navigate a maze of services.
- Hinders self-sufficiency when silos lead to mistakes or delays.
- Results in individuals needing public assistance longer because agencies deliver services on a piecemeal basis.

For programs, departmental and agency silos:
- Increase costs due to duplicity and a siloed infrastructure (separate policies, processes, systems and facilities).
- Create a disjointed mission, due to each program having a singular, noncoordinated goal.
- Fail to recognize a family’s or an individual’s complete needs.

These effects on people and programs can also derail human services agencies’ fundamental goals of improving the citizens’ health, safety and overall well-being. Most important, the effects adversely impact public confidence in human services and contribute to a negative public image. So, how do we unite these silos to offer integrated services?

Renovations Needed

The human services system continues to evolve, but major change is needed to enable agencies to deliver the best support to Americans.

People power

Agencies must tackle an increasing workload with a diminishing workforce.

System silos

The current US human services system has evolved from the passage of the Social Security Act and expanded greatly in the 1960s and 1970s. Over time, barriers to information sharing across programs—"information silos"—have grown, yielding very little cross-agency collaboration.

Resource drain

The collective cost of serving multineed families is on the rise.
A Vision of Integrated Human Services Delivery

Human services agencies and their leaders envision an integrated service delivery structure that puts families first by addressing multiple needs in a coordinated and strategic manner. This new model will evaluate and address families' overarching needs and connect them with services that will help them grow their human capacity.

Coordinating and delivering human services in a person- and family-centric fashion can speed individuals' journeys to self-sufficiency and can reduce the duration of their reliance on public benefits and services, thereby reducing public expenditures.

The results of building such a model include:
- Fewer people in need of long-term assistance.
- Fewer people hospitalized.
- Fewer out-of-home placements for children.
- Fewer people in nursing homes (rather than living in a community or their own homes).
- More people gainfully employed, contributing to society and paying taxes.

A new, integrated model for human services equips agencies with tools to reduce overall costs because the shorter duration of dependence results in lesser expense. Furthermore, integration, transparency and coordination will enable agencies to return to their intrinsic mission of helping to bring about positive outcomes for individuals and families.

If a transformed service delivery system could reduce each family's average dependence on public assistance from the four largest human services programs (based on spending)—Medicaid, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program and unemployment insurance—by just one week, that would save $45.4 billion per year (not including administrative savings).

The Social Impact:
Growing Human Capacity
Families are desperate and struggling to make ends meet. Now, more than ever, they need quick and easier access to human services. They also need a system that will meet their evolving expectations, such as online, self-service options and tools to offer empowerment and ownership of one's service plan. An integrated service delivery system would give families life-changing tools that offer a chance at a better life. Other results include:
- Freedom from public dependence for those who can manage.
- Stronger communities populated by people with increased capacities.
- Improved self-image and personal confidence.
- Ownership of and accountability for one's own health situation.

In the next section, we will explore actionable strategies to build this integrated model, ultimately putting families first and individuals on a fast track to self-sufficiency.
Realizing the Vision

Achieving integrated service delivery begins with putting families first. This may sound simplistic, but this shift in mind-set from being program-focused to becoming people-focused is key to truly driving self-sufficiency.

Agencies and human services leaders must look through their customers’ eyes, taking into account their experiences and challenges. From there, they can arrange the right mix of services to meet an individual’s or family’s unique needs.

An integrated service delivery model also supports:

**Interoperability.** Connect the dots and capture synergies across programmatic and funding walls and barriers to give people the services they need, not just the services for which they are eligible.

**Data integration.** Put families’ needs at the center and aggregate information about them to enable service providers to create a service mix that leads to self-sufficiency.

**Enhanced caseworker roles.** Use advances in automation and technology tools to enable caseworkers to focus on assisting families rather than just processing cases.

**Better outcomes.** Achieve the holistic understanding of families’ needs that provides the right service mix to help them toward the path to self-sufficiency.

Same Focus, Different Fit

We must also consider what integrated service delivery does not mean. It is not a one-size-fits-all approach to organizing and administering human services. For example, what works in Kansas City may not necessarily work in New York City. Populations are different and access varies widely among urban and rural communities. Resource constraints vary. Leadership has distinct visions and goals.

Family-centric, integrated service delivery must be customized to fit the states, localities and communities where services are offered. State and local collaboration, design and decisions on human services should be the driving force behind deciding what services to include, the intensity of service need screening and the mix of services that agencies provide.
Building Blocks for Human Services Transformation

As with any intricate construction, a clear blueprint is needed to guide a successful effort. Carefully putting each building block in place will yield a solid structure that can withstand the test of time. These building blocks include a governance model, an operational model and a technology model to support an integrated service delivery approach.

Governance Model: Setting the Foundation
To achieve a transformed service delivery system, the right set of processes and policies to govern the way leadership directs, administers and guides agencies’ efforts is needed. An effective governance model can help break down the barriers in the short run and serve as the foundation for a truly integrated model in the future.

Collaborating for Change
A first step in building a sound governance model is to develop a clear mission, objectives and communities that can tear down barriers and put families first. This can be done in a variety of ways:

• Create a framework—a scaffold of sorts—of common goals, principles and measures across human services to keep all entities working together toward one mission of helping people.
• Synchronize and share intake, eligibility and case information to yield larger pictures of families.
• Identify and utilize funding flexibility so that families’ needs can be addressed from a family-centered, holistic perspective, rather than from program-driven, categorical silos.

Focusing on Outcomes
Focusing on and measuring family outcomes is essential to support better results for families. Clearly defined metrics that truly measure the outcomes that agencies want to achieve can help providers better understand which service interventions are working, which are not and why. Consistent and comprehensive attention to structuring and using outcome measures is key to a transformed service delivery system.

A defined framework for measuring activities and outcomes can help:
• Determine whether a client improved as a result of receiving human services.
• Look at trends over time (sustained income, improved nutrition and so on) to identify which programs are enabling the best results. Decision makers can revise programs as necessary to better achieve outcomes.
• Produce administrative and programmatic savings because funds can be targeted and invested in programs that improve outcomes.

Operational Model: Cementing the Framework
Policy goals should drive the management and operational processes of a human services organization. Yet organizations are often hamstrung by inefficient and ineffective legacy processes that limit their potential to generate the desired outcomes—to help families in need and enable their path to self-sufficiency.

The operational model for integrated service delivery must provide a solid foundation to empower and put families first. It must adopt a family-centric orientation, rather than a program-centric view. It must capture the hearts and minds of key constituents—leaders, employees, clients and communities—to ensure that all are working toward a common goal. Agencies should build processes and procedures with the family in mind. Business process assessment and redesign should produce a high-level model of the data sharing, service coordination, transformed business processes and workflows that match the vision of the transformed service delivery system.

Although some of these steps may seem rudimentary, combined they underpin a concrete framework for integrated service delivery.
Innovations in Governance: Massachusetts EOHHS—EHSResults
The Executive Office of Health and Human Services (EOHHS) launched its EHSResults initiative to make client outcome data an integral and tangible part of its day-to-day conversations. The goal was to use EHSResults as a key input for policy and programmatic decisions. Today the Commonwealth is fostering transparency, accountability and cross-agency collaboration.

“People can see how we're using the measures to make decisions about what we're doing, about policies, about budget decisions, and it also allowed us to do a better job of looking at how we're working across agencies.”
—EOHHS Secretary Judy Ann Bigby

Innovations in Governance: Allegheny County, Pennsylvania
Allegheny County comprises 130 municipalities. Its Department of Human Services serves about 250,000 of the 1.3 million in the county. The department offers a wide range of services funded by 183 different sources. To unify its delivery of human services, the county centralized its fiscal, human resources and information management offices. As a result, service providers have gained a client-centric view that illustrates what services clients are eligible for. Using this holistic information, practitioners can deliver the right service mix.

Furthermore, county leaders mobilized stakeholders for change to ensure support for this innovative governance model. They also listened to the voices of clients, communities and local partners (Chamber of Commerce and Rotary) to improve and increase service delivery.

“We're very value driven and this was all done by going out with many public hearings, public meetings, getting community input, coming back and saying 'is this what you want?' and really getting the buy-in from the consumers and the people at large.”
—Marc Cherna, Allegheny County (PA) Department of Human Services

Innovations in Governance: HHS-Connect—New York City
HHS-Connect enables the city to make better and quicker human services decisions and results in better outcomes for citizens. It connects the dots between clients, agencies and providers and provides a single access point for 35 programs offered by 15 different agencies.

To ensure positive results, leaders of the HHS-Connect program:
• Articulated, from the top down, a new vision for better delivery of human services to New Yorkers, a vision led and endorsed by the mayor.
• Strategically selected the agencies to involve in the planning process.
• Addressed regulatory barriers at the outset.
Engage and Activate Leadership
The call to action must come from the top. Strong, visionary leadership is essential for achieving a sustainable integrated service delivery model. Leaders must share their passion for making the vision a reality. They must be fearless in pushing the limits of what is possible and they must not be afraid to probe and question what is not working.

Effective leadership can inspire and create an organizational culture that focuses on putting families first and that reinforces the importance of a framework of common goals, principles and measures.

The role of a leader is critical and cannot be relegated to a steering committee of loosely engaged appointees. Leaders must embrace the power of communicating a vision that is understandable to key stakeholders and staff and that is continually reinforced through monitoring and progress reviews.

Include and Empower the Workforce
Organizational culture is a critical factor in driving transformation into an integrated service delivery system. Securing the understanding and commitment of the workforce can accelerate and enable the change envisioned by leadership. Workforce understanding of the goals and benefits of the transformation, and of how day-to-day practitioners will be affected by new policies, procedures and technologies, is essential.

It is important to engage employees early in the process to achieve their buy-in on mission goals. Through change management, agencies can influence the organizational culture and embed lateral thinking, successfully shifting away from a vertical, siloed mind-set.

Listen to Clients
Two-way communication ensures that clients understand changes to policies, procedures and services and that they are also encouraged to offer input. For example, in Allegheny County, Pennsylvania, the Department of Human Services Office of Community Relations distributed a parent’s rights handbook. Rather than assuming clients had absorbed information, the agency called parents to ensure that they had received the information and that they understood the content. The county also has a complaint line and hosts regular public hearings and meetings to provide a forum to hear ideas, complaints and observations.

Find a Champion
Identify a legislator, corporate executive or community leader who believes in the mission and will draw upon his or her knowledge, experience, connections and tools to help an agency meet its goals.

Build Communities of Change
Beyond involving leadership, employees and clients, agencies can build larger communities of change that will help drive momentum toward a common goal of integrated service delivery. A successful change initiative often requires a leadership and governance group with a clear vision and commitment to the vision and the need for service delivery transformation. Such a group can provide the impetus and sponsorship to overcome the obstacles that interagency initiatives will inevitably face.

Partnerships with third parties and integration with nontraditional organizations can offer tremendous benefits. In Tennessee, human services worked with the Department of Economic and Community Development (ECD) to secure resources to build family-assisted service centers in rural areas. ECD was also able to help human resources fund positions to staff these centers because the positions were tied to economic development in those communities.

The media may seem an unlikely partner for human services agencies. However, by establishing positive relationships with the press, agencies can seize opportunities to share the information they want to share, such as new services or enhancements that will benefit clients. Human services agencies may also generate positive press that can assure taxpayers that their dollars are being put to good use.

Technology Model:
Maximizing All Available Tools
When used to its potential, technology can help reinforce and support an integrated service delivery model. However, outdated technology can be a hindrance to agencies that are already stymied by siloed legacy systems. Outdated technology can also be a major resource drain as agencies spend colossal amounts on maintenance and support of siloed systems. It is not likely that agencies could choose to no longer maintain current systems, but they can move toward more efficient and effective use of current technology. For example, mobile applications, portals and social media tools can improve the way human services agencies conduct business.

There are real opportunities for technology improvement and better coordination of legacy systems on the immediate horizon. Although healthcare reform holds the long-term promise of integration, unfortunately short-term implementation deadlines may force bigger silos and derail integration plans. Agencies should recognize this risk, and address it now to begin using technology strategically as a catalyst for improved service delivery.
States currently spend between $90 and $150 million a year developing Medicaid Management Information Systems (MMIS) and approximately another $200 million per year maintaining them.

Technology can be a key enabler in transforming human services business processes such as:
- Client service information and pre-screening
- Application filing
- Client intake
- Needs assessment and referral
- Eligibility determination and benefit processing
- Case maintenance
- Case closing and records retention
- Reporting, performance monitoring and outcome tracking

There are four key steps to building a technology model that puts to work all available tools:

Share Data
Health and human services clients often receive a variety of services from various state and local programs. Frequently, clients must repeatedly offer the same information to each program, and state/local agency staff must secure information that the recipient has already supplied to other programs. Not only is this inefficient, but also it multiplies the risk of data security breaches.

Furthermore, it is easier to enable program/payment accuracy, integrity and fraud detection in an integrated database as opposed to scattered data centers.

Again, rather than operating in silos, separate programs should share information to create aggregated views of individuals and families. This customer-centric or person-centric view replaces a historically program-centric one. The enhanced view can also present opportunities to view client and organizational outcomes and performance over time. Many jurisdictions have overcome traditionally perceived confidentiality barriers to achieve this objective.

Establish a Common Process
Data sharing should have proper guidelines to ensure the protection and privacy of sensitive information. There should be a multiagency process for determining how human services programs can more easily share data on recipients. This process should also ensure that when programs share information, they are respectful of recipients’ privacy, assuring clients that they are protecting information and complying with confidentiality and privacy laws, regulations and policies.

Maintain Flexibility
As with the integrated service delivery model itself, there is not a one-size-fits-all approach to technology. Systems should retain flexibility/adaptability for all collaborating agencies, organizations and stakeholders. Agencies should also build new systems to adapt to the evolving technology updates to health insurance exchange and health information technology.

Implementation should be efficient, taking place within weeks or months rather than years. One way to achieve this is through a modular evolution instead of a massive replacement of legacy systems.

Tap the Benefits of Emerging Technologies
Emerging technologies offer opportunities for agencies to deliver services and share information in new and better ways. Forward-thinking governments are using Web 2.0 technologies, such as social networking and mobile or handheld devices, to enable real-time and two-way interactions with clients and among caseworkers.

Others, such as the Commonwealth of Massachusetts, are using a “virtual gateway” to guide clients to the services available online. The Web provides a portal to self-service. Users may log in to access eligibility forms and online pre-screening models or to find out more about program benefits, for example.

Web-based applications for health, cash assistance and housing programs are making it easier for caseworkers to do their jobs—a welcome departure from the old “green screens.” Document imaging and scanning are also helping caseworkers become more efficient.

Combined, these Web-based activities create client-self-service options, cut down on paper, reduce errors associated with manual entry and ultimately save states and municipalities money.
Innovations in Technology: HHS-Connect—New York City

New York City delivers health and human services to approximately two million people. HHS-Connect is the platform that links more than 12 city agencies so caseworkers are able to share client information without compromising confidentiality. It was envisioned and built to enhance safety, create self-sufficiency and draw on economies of scale in the provisioning of the city’s health and human services. As the lynchpin of the city’s strategy for cross-boundary reform in human services, HHS-Connect enables a better experience for the client, for the worker and for the city.

“We wanted a worker at NYCHA, the Public Housing Authority, or a worker at the Administration for Children’s Services who has the child protective report, to be able to see quickly whether a client was on food stamps, whether they were on Medicaid, whether they were on cash assistance, and what other information we could gather about their program participation.”

—Robert Doar, Commissioner, New York City Human Resources Administration
Conclusion

Integrated Service Delivery: The Human Services Model for the Future
With current economic circumstances, caseloads on the rise and governments trying to do better with less, now is the time to take steps toward an integrated service delivery model.

Excellence is a moving target. And building the right structure will take time. Furthermore, political factors, funding constraints and fluctuating levels of need influence the service delivery model. States and municipalities must strive for incremental innovation. Ongoing, small changes will yield noticeable results. If they do not, agencies must recalibrate, readjust and revisit the blueprint. Essential to this understanding are effective research and outcome evaluation, rather than simply measuring process.

The Future State
Progress toward a transformational service delivery system—one with a family-centric approach to meet client needs and promote more rapid achievement of self-sufficiency—is possible when human services providers take these steps:

- Build a governance model that is focused on outcomes, using measurement to monitor program—and client—success.
- Develop an operational model that involves and empowers key constituents—leaders, employees, clients and communities—to ensure that all are working toward a common goal.
- Modernize the technology model to support the transformed service delivery system, and to capture the benefits of data sharing, Web 2.0 and online self-service.

One size does not fit all. Agencies should customize their approach to delivering integrated human services to meet the unique needs of their own states and localities. Changes should also meet the needs of the client, the worker and the agency. For example, putting families first means helping clients move toward self-sufficiency through self-service options, online eligibility tools and an integrated services mix that takes into account the family’s overall needs.

It is also important for an integrated service delivery model to create job satisfaction and improve the caseworker experience through data sharing. Data sharing can provide a holistic view of a client or family, and technology tools can enable efficiency and an organizational culture that engages and encourages caseworkers to be part of the change.

A transformed delivery model for human services will help agencies collaborate across boundaries and redesign processes in a way that makes good business sense. A solid integration model will allow agencies to share data and combine the right mix of services to help clients toward the path to self-sufficiency.

Change Begins Today
For years we have discussed the challenges in delivering human services. Today is the day to move from discussing and imagining to implementing change and realizing the vision.

Together, we can learn from the past and speed progress toward a human services model that puts families first—changing the lives of individuals and families, and growing human capacity to strengthen communities across America.
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