

THE PURSUIT OF OUTCOMES

*Leadership Lessons and Insights on
Transforming Human Services*

A REPORT FROM THE 2011 HUMAN SERVICES SUMMIT
ON THE CAMPUS OF HARVARD UNIVERSITY



LEADERSHIP FOR A
NETWORKED WORLD



Introduction

Today's turbulent environment of economic upheaval, complex social challenges and changing demographics requires human services leaders to not only help individuals in crisis, but also guide families and communities to a self-sufficient and sustainable future.

Meeting these demands requires human services organizations to improve their capacity to deliver an efficient and effective array of services over time – yielding outcomes that are valued by multiple stakeholders. Yet what does “capacity” and “outcomes” mean in human services?

At an organizational level it's about delivering outcomes that individuals, communities and society at large value. At an individual level it means providing solutions that empower people to reach their fullest potential in an independent and sustainable way.

Across the nation, forward-thinking leaders are building capacity through outcome-oriented and family centric approaches:

- Hampton VA., officials are coordinating and aligning more than 30 programs to focus on strengthening and preserving

families, finding earlier and more cost-effective treatments for children and families with physical, mental and emotional issues and improving community wellbeing.

- Jefferson County CO., executives have created community-wide outcomes that drive broad-based community engagement, collaboration and buy-in to provide a holistic, citizen-centric service delivery model to specific groups.
- State of Kansas officials are building a client-centered eligibility system that provides seamless healthcare eligibility assessment and coverage and delivery of other human services in new streamlined, client- focused ways, while measuring and achieving outcomes holistically.
- North Carolina leaders are deploying the Families Accessing Services through Technology (FASTI) program which will integrate and align the way the state and the 100 county departments serve constituents while improving operations and outcomes.
- State of Washington executives are working across organizations, partners and systems to not only create better solutions for “at risk” persons or families who have complex

needs, but also measure overall population impact while ensuring that resources are being allocated efficiently in both the short and long term.

Progress is being made. Yet designing and implementing an outcomes-focused business model takes a deft hand; leaders have to guide their stakeholders through the adoption of new business models, new forms of cross-boundary governance, new organizational structures, new cultural assimilation, new enabling technologies and methods of delivering services and most importantly, new ways of measuring outcomes.

To help human services leaders address these challenges, Leadership for a Networked World and Accenture, in collaboration with the American Public Human Services

Produced By



In collaboration with



High performance. Delivered.



*“There are risks and costs to a program of action.
But they are far less than the long-range risks
and costs of comfortable inaction.”*

– President John F. Kennedy

Table of Contents

Introduction	1
Setting the Stage: The Human Services Value Curve	5
Regulative Business Model	9
Collaborative Business Model	13
The 2011 American Public Human Services Association Commissioners’ Retreat: Shaping Pathways	17
Integrative Business Model	19
Generative Business Model	23
Summary	27
Acknowledgements and Credits	29

This document was developed by Antonio M. Oftelie, executive director of Leadership for a Networked World and fellow at the Technology and Entrepreneurship Center at Harvard. He can be reached at antonio.oftelie@post.harvard.edu. The document is based on the 2011 Human Services Summit. The content and cases are not intended to serve as endorsements, sources of primary data, or illustrations of effective or ineffective management. Copyright © 2012 by Leadership for a Networked World.



Setting the Stage: The Human Services Value Curve

As human services leaders look for methods to increase their capacity to deliver, they find that traditional answers are not feasible in today's environment. Cutting programs is usually counterproductive; raising taxes, borrowing money and implementing new rules requires legislative wrangling; the tactical fixes espoused over the past decade have reached their limits.

Further driving this imperative for new capacity is the colliding trends of constituent demands and demographics with long-term economic indicators. Constituents of all ages are demanding more from human services programs. Older citizens, for example, are consuming human services at an increasing rate and the swelling number of retirees will impact not only government's employee base but also the level and scope of services needed. Younger

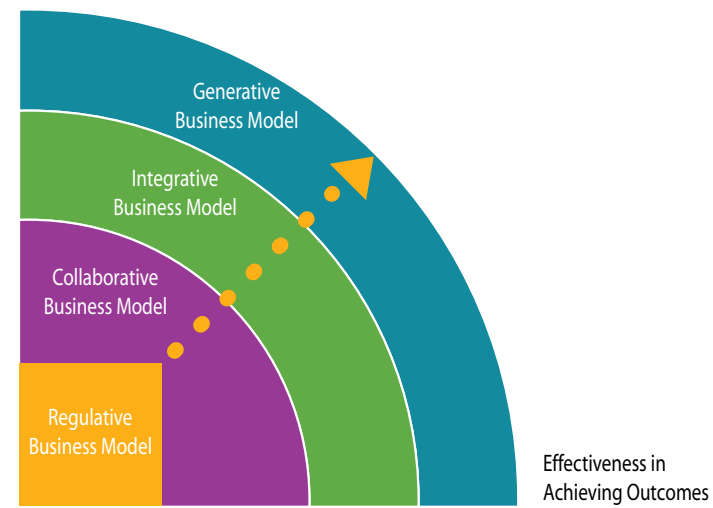
constituents are forcing major changes upon human services by expecting service levels comparable to consumer-focused private companies, and with features such as personalized and convenient access and 24/7 customer service. Everyone is demanding higher levels of human services transparency, cost reduction and accountability.

What human services leaders need now are the strategies and tools to transform the entire human services system – programs, agencies, jurisdictions and sectors. To get there, leaders must take incremental steps by adopting organizational innovations that improve collaboration and streamline work flow and by harnessing advances in information and communication technologies that increase data sharing and overall efficiency. The resulting transformation will bring the increased capacity necessary to move toward a more citizen-centered, family first, efficient and outcome-focused human services delivery system in three fundamental ways:

- First, an organization will become more efficient at delivering outcomes – i.e., it can produce more of the desired outcomes with a level or reduced amount of resources.
- Second, an organization will become more effective at attaining outcomes – i.e., it can measurably improve its ability to reach goals.
- Third, and most important, an organization will develop entirely new competencies – i.e., it can respond in new ways to create and deliver previously unattainable outcomes.

At the Human Services Summit, participants charted their transformation journey along a framework referred to as the Human Services Value Curve. In traversing the curve, the enabling business models support new horizons of outcomes. The levels are described in brief as:

Efficiency in
Achieving Outcomes



- **Generative Business Model:** The focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socioeconomic challenges and opportunities.
- **Integrative Business Model:** The focus is on addressing and solving the root causes of client needs and challenges by seamlessly coordinating and integrating services.
- **Collaborative Business Model:** The focus is on ensuring the optimum mix of services for constituents by working across agency and programmatic boundaries.
- **Regulative Business Model:** The focus is on delivering services to constituents for which they are eligible while complying with categorical policy and program regulations.

The Human Services Value Curve is not a one-size-fits-all solution, but rather a guide to help leaders envision a path for their organization. In addition, the levels of the Human Services Value Curve are fluid, meaning that you may see your organization at various levels depending on the program. In traversing the curve, a growing “outcomes-orientation” drives innovations in the organizational model (the way work is organized) and innovations in the technological model (the way work is improved through information technology). The resulting increase in capacity enables the human services organization to mature and deliver broader and more valuable outcomes.

Let’s take a look at how the Human Services Value Curve can help leaders grow their organization’s capacity to deliver, how progressive leaders are moving forward and what you can do to propel your human services organization into the future.



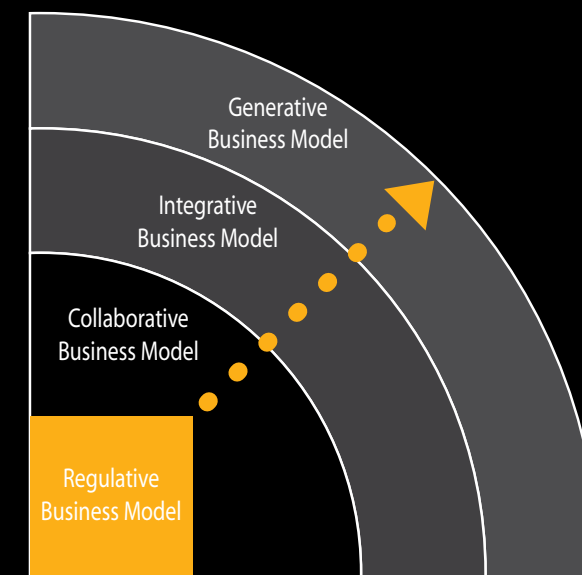
“This is one heck of a time, but it has also created an exciting time for us to have a sense of urgency about a very different type of leadership and a very different type of organizational framework.”

Susan Dreyfus,
Former Secretary, Washington Department of Social and Health Services



Regulative

This level serves as a baseline – all human services organizations start here and must meet this level in order to comply with program requirements. With this basic business model, programs and processes are developed and managed categorically and are usually aligned with discrete funding streams. Information technology and support tools are designed to support program-specific management, funding, eligibility, case management and client interactions. In practice, operating at this level enables an organization to react to crisis and respond to acute problems, which are valuable traits. Yet too much emphasis on regulative competencies will diminish the organization's ability to meet greater and more comprehensive service demands. When making the first moves beyond a Regulative business model, one should look to the mission of the organization and the outcomes desired from programs. Then, take a portfolio view by scanning programs to assess where collaborative connections can be made



Leaders in the city of Hampton Virginia offer important lessons for how to use the Human Services Value Curve framework and translate it to action. Wanda Rogers and Denise Gallop of the Department of Human Services have created outcome goals and measures that set core values across programs and organizations, focus on strengthening and preserving families, find earlier and more cost-effective treatments for children and families with physical, mental and emotional issues and improve community wellbeing. Organizationally, they coordinate and align more than 30 programs to focus on family first priorities.

“There were 14,000 cases identified in each of the state agencies. That only represented 5,000 kids. Everybody had an open record,” Denise explains. “Sixteen different federal and state programs were funding the same type of treatment with each funding stream having a different local match. ... And our state costs were increasing by an average of 20 percent per year, we were not really talking.”

With leadership from the Governor, the state passed the Comprehensive Services Act (CSA). The CSA shifted focus from agency silos to family focused, community-based outcomes. Prior to the CSA, individuals and families who came in contact with Human Services agencies were managed according to the specific mandate of each agency. As soon as someone spoke up about an issue outside the purview of that individual agency, they were passed on to another silo and set of services.

In Hampton, the CSA inspired a new approach for human services called “Child-Centered, Family Focused, Community-Based Work.” “We were able to create new services for unmet needs, services that never existed before,” Denise says. Through the CSA, the Department of Human Services undertook a comprehensive community review, identifying real needs and crafting tailor-made response plans. “We decided that we really did want to be a community of change. We decided to be very deliberate about what was going on,” Denise explains.

Community officials like Denise were supported from the top-down by leaders who created a culture of collaboration and mutual accountability. These culture shifts prohibited officials from leaning on old solutions such as residential treatment, pushing them instead to look for solutions in the broader community. Hampton officials also created what they call a ‘CSA Academy’ to ensure that everyone involved in the Department of Human Services is fully trained in a systems of care approach to working with children and families. Not only has the program created collaboration within Human Services offices, but a local judge heard of the program and mandated that both judges and school officials go through it as well.

So far, the program serves as an object lesson in the move from a regulative to outcome based model. In Hampton, no child has been placed in a residential treatment facility since 2007. No children have been placed in group homes since September 2008. They’ve experienced an 85 percent reduction in foster care numbers, dropping the overall foster care population from nearly 300 to 40. Finally, 99 percent of the funding provided by legislation to work with children and families in Hampton goes toward community-based interventions.

Both Denise and Wanda credit collaborating with families as the key driver for finding outcomes that work. “Families are experts about their families. We really, really believe that. And when you give them that power and you engage them in that way, they do become the case planners for their own cases,” Wanda says.

News of Hampton’s success has inspired other communities. In Jefferson County CO., Lynn Johnson of the Department of Human Services drew upon the Hampton model to create community-wide outcomes that drive broad-based community engagement, collaboration and buy-in to provide a holistic, citizen-centric service delivery model to specific groups. To enable this, the structure, practices and policies of separate programs were aligned to permit coordination of services for “multi-need” consumers, to maximize full utilization of existing funding streams and create opportunities for new and flexible funding sources.

Jefferson County is a socioeconomically mixed suburb just west of Denver. Serving a population of approximately half a million that is both urban and rural, Jefferson County human services officials were trying to address a complex set of needs through a narrow set of silos, leading to more negative outcomes than positive ones. “We had a terrible fatality on the front page of the paper,” Lynn recalls. “The headline said that Jefferson County was the worst deliverer of food assistance.” Confronted with that reality, Lynn started working toward change from the ground up.



Denise Gallop
Deputy Director
Hampton Department of
Human Services, Hampton, VA



Wanda Rogers
Director, Hampton Department
of Human Services, Hampton, VA

“The good news was we could only go up from there,” Lynn says. But, in order to improve, the culture had to shift significantly and the staff had to buy into that change. “I cannot just say to the staff all of a sudden we’re going to a culture of yes and we’re going to serve the people and you’re going to stop doing your silos. It doesn’t work that way,” Lynn says. Instead, Lynn started looking deeply at what each person was doing and reworking service agreements to incentivize performance over compliance. ““We decided that we didn’t want to be on the front page of the paper anymore,” explains Lynn.

Lynn created a five-year plan focused on outcomes. She worked to find experts in individual areas and create collaborative teams with aligned interests in order to deliver on those outcomes most effectively. Lynn also started looking at how many families were getting multiple services without any collaboration between service providers. She launched the inquiry with Head Start, which had enrolled 400 families at 100 percent of poverty. She asked human services staff how many of these families were receiving multiple services. After learning that the office had no single way to pull this information, she asked that it be pulled manually. “Most of the families in Head Start were in all of our services. So we integrated. I changed up my org chart. We’re now a circle and there is no bottom.”

This initial shift led to the creation of a new school for the children in Head Start that will track them from early childhood to their diploma. Lynn and her staff created the school when they realized that little data exists on how to help children in poverty in a suburb. The program is in the early stages, and without much data, but Lynn has partnered with two local universities to help evaluate the project over time. She hopes that it will lead to a deeper understanding of the factors that impact low-income families as their children move through school.

Additional programs unique to Jefferson County are also coming online to support these families including a dedicated court practice team. Officials are encouraged to try out new ideas and modes of collaboration even if they fail. “We fail really good and we’re allowed to,” Lynn says. “We do everything without permission. We just move forward and we just do it because it works.”



Lynn A. Johnson
Executive Director, Jefferson County
Department of Human Services,
Golden, CO

Key Steps in Moving up the Human Services Value Curve:

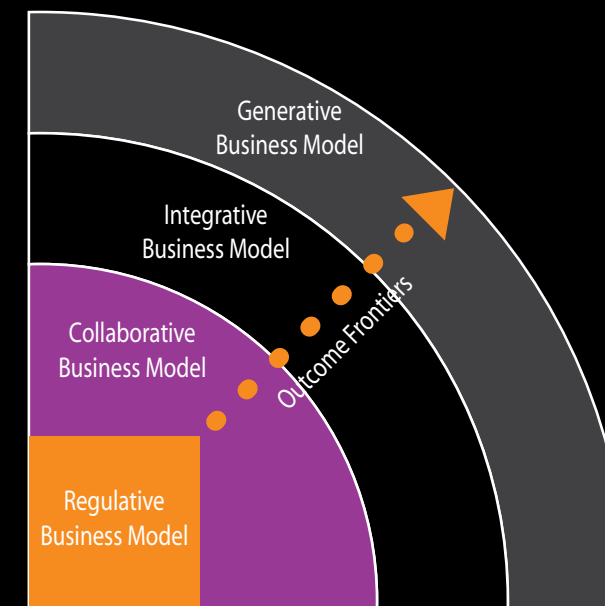
- **OUTCOME ORIENTATION:** Define and extend outcome goals that cut across programs. Support this new outcome orientation by agreeing to a common taxonomy of problems and services and implementing measures for internal processes as well as client-facing impact.
- **ORGANIZATIONAL INNOVATION:** Start reforming managerial and operating processes in order to shift the organization’s employees to capacity-oriented work. The process reengineering should focus on enabling employees to orient their work around assessing and managing the impact of cross-program service delivery.
- **TECHNOLOGICAL INNOVATION:** Collaborate on program technology and tools and develop a basic plan to share more infrastructure across programs and if possible, across organizational lines. Good places to start are on routine technologies such as document imaging, digitizing and storage, allowing employees across programs to access and update client files and enabling clients to submit basic applications for services online.



Collaborative

As a human services organization progresses to a “Collaborative Business Model,” the focus expands beyond program “silos” and categorical management to support constituents in receiving the optimum mix of services which address their near-term and mid-term needs. In action, the human services organizations and partners collaborate on some policy and programs and may have some common information and referral, intake, eligibility and team-based case planning. The technologies and tools adopted facilitate limited cross-organization information sharing and decision making.

Efficiency in
Achieving Outcomes



Effectiveness in
Achieving Outcomes

A prime example of the Collaborative Business Model is Kansas, where state leaders are taking advantage of an unprecedented opportunity to re-think how health and human services are delivered. Given tight budget constraints and significant reductions in personnel, Kansas, like many other states, needs to make government services work more efficiently and effectively while reducing the burden on clients to provide verification and meet program requirements. Changes in health care law necessitate that systems be in place to be able to meet the needs of Kansans wherever they are, whether they are low-income individuals in need of multiple services, higher income individuals in need of health care coverage only, or somewhere in-between. Kansas leaders envision a client-centered architecture and eligibility system that provides for seamless healthcare coverage and delivery of other human services in new streamlined, client-focused ways, measuring and achieving outcomes holistically

“We are in an industry where as demand goes up, resources go down,” explains Darin Bodenhamer, director of Kansas Medicaid/CHIP Eligibility. “We need something that we can leverage to help us meet the demand.” Darin and his colleagues in human services were working with manual, antiquated processes, paper-based workflows, and business rules that people have to learn over time without a centralized knowledge base. “We rely on every single person we bring in to learn all these rules to a large extent and be able to manipulate the system to apply those rules correctly and consistently across all of these many different programs,” he says. Yet after vesting individual staffers with so much knowledge, state cuts scaled back the workforce significantly – 25 percent in the last three years. These factors led to frustrated, confused staffers and diminished service delivery to the client.

“It’s getting where we can’t even meet the regulative processes of just getting people’s benefits that they are eligible for,” Darin says. To work their way out of this, Darin and his colleagues recently tapped leadership in the Governor’s office to take advantage of new health and human services funding programs to craft a system that will start allowing Kansas to meet its current and future needs. “We wanted to be able to integrate across the value chain horizontally and not just stop at eligibility and integrating programs, but really look at integrating the entire delivery system so that we can actually measure the outcomes,” He says.

Darin’s team began crafting the Kansas Eligibility Enforcement System with an eye toward facilitating collaboration in a way that still allows agencies to retain their identity, while coming together on areas where they overlap or can align interests. They’re achieving this through a service-oriented architecture that allows for shared resources and databases and provides a way to link up relevant information between different offices. “We have a very fragmented system. We wanted to focus on the outcome – did the person get the service that they needed for their desired outcome?” Darin explains. The program is designed to be flexible, with a rules engine and data management components that codify existing rules and allow them to be revised or amended as needed. The system will also define common information for the client so that they only have to enter their information one time even if they are applying for multiple services. This saves time for the client and caseworkers spread across offices.

Early on in this process, Kansas officials discussed providing their integrated, service-oriented architecture to other states. “If we’re going to pay for this stuff, let’s not pay for it again and again and again,” Darin says. “Let’s leverage what we have. Any artifacts that we produce with regard to our architecture we will gladly share.” A key part of Kansas’ plan is the ability to transfer their eligibility system to another state at no charge. “We have also talked about the possibility of hosting this for other states as software as a Service. I think it could be a benefit to other states. The real benefit is if we have something that we can share, in terms of capacity building and leveraging things, this could potentially be a big benefit.”

Darin explains that by moving to a collaborative model, the state can reap the benefits of quicker implementation, quicker procurement, shared costs, increased standardization and reusability across both local agencies and other states. Ultimately, this gives everyone involved more purchasing and negotiating power while providing more uniform services to clients.

Beyond shared IT, Darin and his colleagues are looking at ways to foster resource sharing. In Kansas, agencies are working together to identify ways that they can share resources to help maximize efficiency – a process that has been at times difficult, as offices work to understand mutual goals and wrestle with giving up certain levels of ownership and control. Change management is a key component as leaders work to manage the uncertainty and adaptive challenges alike.



Darin D. Bodenhamer
Director, Kansas Medicaid/CHIP Eligibility, Kansas Department of Health and Environment, Division of Health Care Finance, Topeka, KS



So far, the human services transformation has had support from key political and executive stakeholders despite strong political headwinds. Darin explains that it’s taken buy-in from top-level leadership in order to look past short-term political issues and realize that the state needs to be able to provide these services regardless of what happens in the next election. “It’s been a surprise to me, because you think it’s a piece of technology - what’s the big deal - except that it represents a fundamental change in the way we do business,” he says.

Key Steps in Moving up the Human Services Value Curve:

- **Outcome Orientation:** Develop policy and program strategies across programs and drive the collection and analysis of measures and metrics deeper within organizations and across programs. A key method is to find the intersections of new value, i.e., where agencies and programs can collaborate in order to improve outcomes and create outcomes goals that include multiple programs and organizations.
- **Organizational Innovation:** Find ways, both procedurally and technically, to share eligibility, service delivery and case information across programs and organizations. A key goal is to allow and enable caseworkers across programs and organizations to collaborate on solutions and help clients move to self-sufficiency faster.
- **Technological Innovation:** Utilize technology and tools that enable decision making across organizations. In preparation for a full integration project, make smaller strides by adopting technologies such as digital records, enterprise content management and document storage, client self-service modules and basic staff communication tools.



The 2011 American Public Human Services Association Commissioners' Retreat:

Shaping Pathways

The American Public Human Services Association held its annual commissioners' retreat at Harvard on October 28, 2011, one day prior to the 2011 Human Services Summit. The retreat's primary agenda was to finalize the shape and direction of Pathways, the APHSA's new policy initiative. Pathways includes a number of policy publications but, more broadly, lays out the APHSA's new directions in human services.

The commissioners' discussion focused on the theme of the Human Services Summit: better program outcomes. Building on last year's retreat and summit as well as a long history of APHSA policy proposals, Pathways responds to the compelling need for a more effective health and human service system that will:

- provide improved and sustainable outcomes;
- engage the resources of the entire community; and
- use public funds in the most effective manner.

The commissioners approved the first Pathways written product in mid-December, an open letter to presidential candidates. The letter, (<http://www.aphsa.org/Policy/Doc/Pathways-Open-Letter.pdf>), outlines pressing national statistics that show our current path is unsustainable and demand urgent, transformative action. These include the high numbers of Americans who are unemployed, live under the poverty line, have no health insurance and receive federal food assistance.

The letter identifies several key problems that keep state and local human service agencies from achieving the outcomes that will address these needs effectively: fragmented, process-based, administratively complex programs that cannot be integrated and

that keep needy families from holistic services that would speed their progress toward independence and dignity.

The primary message of the letter, however, is that we know there are solutions to these frustrations and that we have an unprecedented set of opportunities for human services to boldly move forward. APHSA calls on a wide spectrum of stakeholders to join us in a new era of proactive leadership, dynamic change and innovation, partnership and a focus on real and positive results for our clients and communities.

One of the key elements of these new opportunities is that state and local agencies are already seizing the initiative and finding fresh ways to serve people efficiently – and even knocking down barriers human services agencies have erected over the years. The commissioners also note that this Administration has set up initiatives to identify and support flexibility, administrative streamlining and cross-program linkages. We also see a convergence of stakeholders who agree it is time to come together and address the human services dilemma with common effort and leveraged resources.

The Pathways letter summarizes APHSA's strategies and action steps for achieving these outcomes through:

- Prevention – to get in front of problems and avoid unnecessary government intervention and expensive remedial steps;
- Early intervention – to stop declines in family functioning and promote healthy early child development;
- Bridge supports – to give temporary but vital opportunities for quick movement into the workforce;

- Capacity-building – through employer incentives, fatherhood initiatives, support for transition to adulthood and stronger community resources; and
- Sustainability – through supportive neighborhoods, infrastructure that enables independence, and other supports for self-reliance.

Pathways is also premised on a number of key foundations that must be in place if we are to successfully carry out the action steps and achieve the desired outcomes. We have identified:

- Flexible financing – that allows federal support to go where it is most effective; taps resources from other sectors; and moves beyond outdated cost-allocation restrictions;
- Technology infrastructure – that supports integrated, enterprise solutions across programs, departments and levels of government;
- A prepared workforce – that is deployed strategically, has the tools and technologies it needs, and partners effectively with the larger stakeholder community;
- Accountability – that is based on meaningful outcomes, continuous improvement, monitoring for results, cross-government cooperation, and full use of modern data analysis tools; and
- Client engagement – using equitable and appropriate responses to each person's and family's situation, evidence-based strategies, and the knowledge that engaged communities and families can foster positive and lasting change.

The letter concludes with a detailed statement on accountability, noting both the high and exacting standards to which the human service field is held and the commissioners' embrace of responsibility for work that matters – work that truly assists our clients to move forward in their lives and yields sustainable results. The letter notes APHSA's commitment to:

- Focus on meaningful outcomes and value sustainable, capacity-building success;
- Measure the investments made in our work against the standard of effective and lasting results;
- Establish a solutions-oriented framework that promotes shared responsibility and continuous improvement;
- Support the best possible business processes and information system solutions for data sharing, customer service, and payment accuracy; and
- Foster community engagement so families, neighborhoods, and communities participate in improving the social context and are committed to its sustained health.

The letter offers the candidates, and other national policymakers, APHSA's engaged assistance as they seek workable solutions to the challenges facing the nation today. The commissioners' ready pool of real-world expertise and experience, their bipartisan and innovative solutions and their positive vision will provide a powerful alternative to much of the social policy dialogue currently dominating the media. The overarching framework outlined in the letter sets the stage for more detailed background

analysis and policy recommendations that will be published this year, which will also be available on APHSA's web site.

In addition to their discussion of Pathways' principles at the retreat, the commissioners also approved an important APHSA implementation initiative that supports an immediate priority for many states, integrating human services with the coming changes in health care systems. Whatever their political perspective, most states are actively planning health care exchanges and other changes in their health programs that will improve access, help contain costs or both. As these changes move forward on a rapid schedule, human service agencies want to assure that policy planning and new IT systems will allow interoperability and even integration with the major human service programs.



This capability, which must be incorporated now for maximum effectiveness, is essential for APHSA's vision of integration, efficiency and flexibility. APHSA has set up the National Workgroup of Integration (NWI), a stakeholders group comprising member agencies, industry representatives, and federal officials, to explore these issues and publish useful guidance for states. More information about NWI is also posted on the APHSA web site.

We invite comments and questions; please contact Tracy Warcing at (202) 682-0100 ext. 231 or tracy.warcing@aphsa.org, or Larry Goolsby at (202) 682-0100 ext. 239 or larry.goolsby@aphsa.org.

Written and Submitted by the APHSA

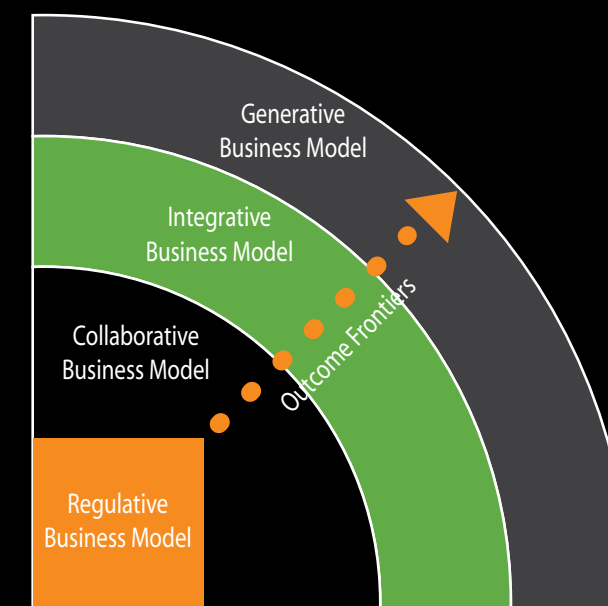




Integrative

With an “Integrative Business Model,” the focus broadens to complete integration of multiple programs and services in order to improve client service, increase participation and support data-driven policy and decision making. Strategically and operationally, the enterprise addresses family centric outcomes through seamless, cross-boundary collaboration. Information technologies support enterprise-wide back-office processes, as well as front-office innovations such as individualized client services focused on self-sufficiency, improved health outcomes and social inclusion.

Efficiency in
Achieving Outcomes



Effectiveness in
Achieving Outcomes

In North Carolina, Lanier Cansler, secretary of the Department of Health and Human Services, is moving forward with the Families Accessing Services through Technology (FAST) program, designed to integrate and align the way the NC Department of Health and Human Services and the 100 county departments collect, maintain and process information about applicants and recipients. The initiative represents the steps toward achieving the objectives that will result in improved operations and outcomes.

Historically, North Carolina, like many other states, has relied on silos at the expense of collaboration. The North Carolina Department of Health and Human Services is an umbrella organization comprising 12 major programmatic divisions providing specific services to clients. Over his tenure in human services, Lanier served in a variety of roles, but it wasn't until becoming Secretary that he realized that the divisions rarely worked together and leaders often didn't know who was serving in other offices. In order to break through those barriers, Lanier worked to create a culture where people in every division knew what was going on outside their own office and leveraged technology to improve performance.

"We began by doing an inventory of how many different services or activities we actually perform out of the Department of Health and Human Services in North Carolina," Lanier explains. "We came up with 265 activities and services and then we looked at operating systems. We have 230 operating systems.... The only time they ever talked to each other was if something came up and they needed to share information somehow and created a unique bridge to do that." In addition, each departmental division had its own website, creating a confusing maze of resources for officials and clients alike. This made policy decisions impossible.

As Secretary, Lanier created a list of action items that would move the department toward integrated service delivery with an outcome-based approach. This included working with both internal staff members and external partners to craft a performance-based plan. "We began putting performance measures in the contracts," he says "Within a couple years we had performance measures in all [2,000] contracts," Lanier says. He also started changing programs so that activities and services focused on achieving outcomes rather than simply fulfilling a mandate. "If we had \$1 million to put into teenage smoking cessation then the fact that we sent out a million brochures to all the high schools in the state wasn't what I was interested in. I was interested reducing teenage smoking."

Through that lens, Lanier started to integrate services and realign the budget of all the divisions toward a common goal related to strengthening families and improving child welfare. The shift moved the entire department from a divisional operation approach to a programmatic services orientation. The shift also became the basis for developing NC FAST, an IT support system that allowed Lanier to more carefully track spending, and realign the culture of the Department to holistic service delivery.

"We started to categorize our services and activities based upon service complexity, based upon where we spend money at the early stages, where we spend money at the other end of the spectrum where we have really complex cases. We wanted to move as much as we could to the front end," Lanier says.

Through this reorganization, Lanier was able to start leveraging IT services for service infrastructure, automation and consolidation. NC FAST serves as a comprehensive case management system that will give families a one-stop portal for all of their services. NC FAST will save the state \$300 million per year by ending duplicated efforts of both citizens and staff. Officials will also have consistent access to current and useful data about the individuals and families currently receiving services.

DHHS also created DHHS Open Window, which consolidated the myriad division websites into a single, searchable environment, giving both citizens and officials the ability to see which services are available. "We want to be open and transparent and make it as easy as possible to identify services," Lanier explains. "We focused on addressing the client as a whole person knowing that if all we did was solve this one little problem but the client stayed dependent on services overall, then we had failed. We wanted to be client focused. We wanted to be anticipatory."

Funds have also been re-purposed into education, targeted prevention programs and programs to help people through small bumps in the road with the aim of keeping them from becoming dependant on services. Finally, Lanier looked at how to help people with more complex issues move out of the system and into self-sufficiency. From this process, Lanier and his colleagues created a service matrix that spans the entire Department to identify the areas where individuals will need services and how to help them both get services and move toward being independent. This led to a divisional reorganization where services and activities were realigned based on the matrix.



Lanier M. Cansler,
former Secretary, North Carolina
Department of Health & Human
Services, Raleigh, NC



For Lanier, the key to making this new approach a success was involving all 100 local departments from day one. Lanier and his deputy secretaries hold meetings throughout the state each year and invite all local staffers to come, ask questions and continue learning about the program and its effect. "They've been a part of every step that we're making; understand what we're doing, how we're doing it, and why we're doing it in order to get their buy-in and their help," Lanier says.

Key Steps in Moving up the Human Services Value Curve:

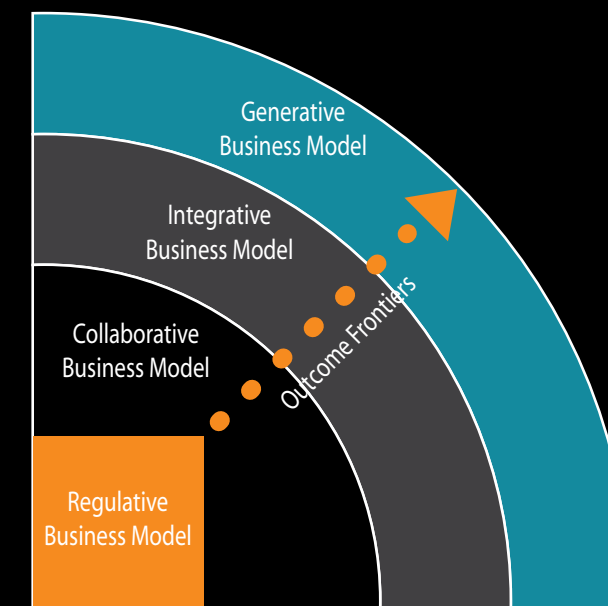
- Outcome Orientation: Formulate a human services model that connects desired outcomes to overall community priorities and expand the focus to include cross-agency outcomes, metrics and real-time situational awareness.
- Organizational Innovation: Develop governance structures and business processes that focus on and support cross-agency outcome goals and implement a performance management system to drive change deeper into agencies and wider into programs.
- Technological Innovation: Implement an integrated, single-view system for case management across programs and organizations and enable coordinated agency processes through multiple access channels for clients and an enterprise-wide view for caseworkers. Strive for a system that provides client service information and pre-screening, application filing, client intake, needs assessment and referral, eligibility determination and benefit processing, case maintenance, reporting, performance monitoring and outcome tracking.



Generative

At this level the focus of the human services organization expands to address multi-dimensional family problems, socioeconomic issues and opportunities required to generate long-term individual and community success. The foundation of a Generative human services system and its broad outcomes orientation is the deep and wide use of cross-boundary data and information. In action, the culture, managerial and operational processes and technology of the organization will likely be adaptive and modular, allowing multiple programs and institutions to build, share and deploy information and services on an ongoing and evolving basis. Additionally, social networks and advanced information analytics will help organizations synthesize information and trends across the ecosystem of organizations, jurisdictions and communities in order to become predictive in nature – enabling co-creation of policy and modification of programs in response to real-time conditions.

Efficiency in
Achieving Outcomes



Effectiveness in
Achieving Outcomes

Few states are working as comprehensively to redesign their human services system as the State of Washington. Susan Dreyfus, secretary of the Department of Social and Health Services, is leading the effort there to integrate policy, programs and the provision of human services by, among other things, deploying an integrated client database that draws information from more than 30 data systems. With more than two million clients served every year, the database and resulting information will enable caseworkers to better understand and respond to multi-service families and trends in community needs.

Washington officials are using predictive modeling based on cross-enterprise data and statistical analysis to identify persons or families who have complex needs and are “at risk” for costly service utilization and problematic outcomes. Case teams can then use this analysis as part of a larger care management process, in which they can anticipate and support targeted case management to improve or stabilize the client’s health, independence and safety while reducing their use of intensive crisis services. In other regions, human services organizations are using social networks and communication tools (Facebook and Twitter) to communicate directly with the community about programs as well as track “service loads” across the city – enabling caseworkers to shift priorities and resources, create new solutions in real-time and link complementary programs in response to community needs.

“What brought us together was eligibility, what brought us together was effective case management, what brought us together was health and rehabilitation, behavioral, health rehabilitation, our juvenile justice system, our disability system and on it goes,” Susan explains. In order to move from simply collaborating into a holistic, generative approach, Washington officials adopted an impact statement which outlined the full scope of how human services would interact with the community.

“Having that impact statement was a game changer for us as an agency,” Susan says. “From that we adopted two orientations so that no matter where you sit in the Department of Social and Health Services... it all goes together.” The first orientation focuses on the first 2,000 days of a child’s life and the second states that an employee must be person and family centered in all case management work. These two orientations shifted the Department from a programmatic to a more comprehensive, responsive approach.

The Department of Social and Health services serves one-third of Washington’s population, some 2.3 million people annually, and demand is only expected to grow. However, tight budget cycles have forced Susan and her team to create six budgets in the last 2.5 years alone and they’ve also experienced a 29 percent cut in administration. Susan explains that rather than take the cuts badly, she and her team have viewed them as an opportunity to make strategic cuts that flatten the organization and empower frontline workers by decreasing the layers between staff and leadership.

Susan also worked with each office to create specific business plans that track spending as well as outcomes and population data. Beyond inter-office collaboration, Washington implemented shared governance, forged alliances with external philanthropic partners and started deeply sharing resources. Washington Connections, an interactive benefit portal, was one of the results of the move to a generative model. Funding for the portal was attained through a joint partnership between external philanthropic partners and government funds. Washington Connections is also innovative in that citizens will also be able to see seamlessly not only their city portal, but also other state services that are relevant based on the information provided.

Washington is also leveraging philanthropic partnerships to foster big data projects that allow state officials to more deeply understand their population’s unique needs and plan ahead. “We’ve got the ability now through data to look across 30 different programs and services including other state agencies. We can look at corrections data. We can look at education data, unemployment data,” Susan explains. With this data, Susan and her colleagues are able to focus on creating high quality educational plans that address all of the factors that contribute to a child’s life as they work their way through their educational career. From this they can predict, prevent and plan for situations that will affect Washington residents and create positive outcomes.

They’re even using this data for predictive modeling on their own high-risk populations. “We have the ability to predictively look at the 5 percent of the population that are going to drive 50 percent of our expenditures and get to them earlier through our integrated case management work,” Susan says. This system, called Prism, allows state workers to help identify and provide preventative services to high risk individuals and families early on.

Susan explains that her team wanted to focus on creating one plan that involved all systems from day one. but concerns remain. “We’re going to make sure Johnny is doing to do better in school, but how are we going to shore up the conditions that are causing his family to be at risk?” She wonders. From these meetings, and others, Susan and her team are creating national templates that agencies in other states can use for child welfare and other services.



Susan N. Dreyfus
former Secretary, Washington State
Department of Social and Health
Services, Olympia, WA



Susan and her team are also adapting IT systems from offices with overlapping processes to provide more integrated service delivery. Noting the overlaps between child and adult protective services, human services professionals in Washington are working to adapt the child protective services IT system to adult protective services. Similar integrations are happening between Ageing and Disability Services and Child Welfare.

Beyond integration, Susan says, they are working to measure overall population impact to ensure that as an agency, time, energy and resources are being allocated efficiently in both the short and long term. “I really do believe that the mark of my tenure will not be really known for 5-10 years out and this is how we as leaders have got to be thinking about the work we do today. It’s not just a series of checkboxes saying we got this done, we got this done, we got this done, but what kind of organization have we left behind in terms of how it can continue to lead into the future.”

Key Steps in Moving up the Human Services Value Curve:

- **Outcome Orientation:** Establish a broad “system view” for outcomes that is cross-agency and cross-community and leverage this new posture to eliminate agency vertical silos and replace them with horizontal, cross-boundary services. Foster an adaptive organizational culture that can anticipate changing community and client circumstances and shift priorities to maximize outcome achievement.
- **Organizational Innovation:** Synthesize information enterprise-wide to support predictive analysis and policy and program innovation. Establish methods to look at the current data stream your organization produces and identify the patterns in the community of people you serve. Assess if these information patterns inform new ways (perhaps as a pilot project) to structure programs, processes and rules so that outcome-oriented innovation becomes the norm.
- **Technological Innovation:** Extend the integrated-view system to all stakeholders and enable real-time transparency and tracking of outcome metrics – such as service loads, expenditures and other key public data points. Start utilizing social media and communication tools to co-create solutions with the community and analyze the feedback and communication you receive to see if there are opportunities for improving programs and services.



Summary

Every generation of leaders faces a critical challenge upon which they must act in time. For leaders of human services organizations, the foremost challenge now is meeting demands for increased capacity to deliver services, while grappling with economic turmoil and rapidly changing demographics. As human services leaders look for solutions, they're finding that traditional answers are not feasible in today's environment – what's needed now is the ability to increase overall capacity and move toward a more citizen-centered, family first, efficient, and outcome-focused human services delivery system.

Proactive leaders are acting now by transforming their entire human services system. As these leaders move through the horizons of the “Human Services Value Curve” – from Regulative, to Collaborative, to Integrative and Generative – they're realizing unprecedented gains in valued outcomes. Yet building an outcomes-focused human services enterprise doesn't happen overnight – it requires a new mindset, new strategies and new technologies – and it requires stakeholders to make a concerted and sustained effort to envision and affect change.

As the case studies from the 2011 Human Services Summit in this paper show, the transformational journey necessitates large-scale innovation and change to both the organizational and technical models of an enterprise. In traversing the curve, leaders will have to guide their organizations and stakeholders to new models of governance, new organizational structures, new enabling technologies and new methods of delivering services. The resulting “adaptive challenge” requires stakeholders to address real and perceived change while also actively learning new competencies, capabilities and culture. Thus, progress calls for leaders to mobilize and pace people and communities through the change necessary to realize the gains.

The gains can be significant. Leaders in Hampton VA., Jefferson County CO., the State of Kansas, North Carolina, Washington state, and many others are breaking down silos, collaborating across program and agency boundaries, building networks with service delivery partners, reaching out to community organizations to design and deliver completely new human services solutions – and realizing new levels of outcomes that strengthen individuals, families and communities.

Leaders who pursue the transformational journey are looking upon the challenge with optimism. As their organization progresses, they realize greater efficiency, effectiveness and capacity to deliver the future of human services. It is these leaders and organizations that will set the bar for future performance. Will you be one of them? Will you think anew and act anew?

“The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise to the occasion. As our case is new, so we must think anew and act anew.”

- President Abraham Lincoln.

“If we don't see the hope, how can we get our families to see that there's a better life for themselves?”

David Berns,
Director, District of Columbia Government - Department of Human Services, Washington, DC



Acknowledgements and Credits

Leadership for a Networked World, Accenture and the APHSA would like to thank the speakers, panelists and participants in The 2011 Human Services Summit. Their participation created the foundation for a robust and successful learning environment at Harvard University.

Summit Participants Included:

David Ager, Professor, Harvard College, Cambridge, MA

Uma S. Ahluwalia, Director, Department of Health and Human Services, Montgomery County, MD

Frank Alexander, Director, Boulder County Department of Housing and Human Services, Boulder, CO

Phil Basso, Director of Practice Innovation, APHSA, Washington, DC

David Berns, Director, District of Columbia Government - Department of Human Services, Washington, DC

Kathleen D. Betts, Deputy Assistant Secretary, Executive Office of Health and Human Services, Boston, MA

Reggie Bicha, Executive Director, Colorado Department of Human Services, Denver, CO

JudyAnn Bigby, Secretary, Executive Office of Health and Human Services, Boston, MA

Darin D. Bodenhamer, Director, Kansas Medicaid/CHIP Eligibility, Kansas Department of Health and Environment, Division of Health Care Finance, Topeka, KS

Julie Booth, State, Provincial & Local Director, Accenture Human Services Practice

Roderick L. Bremby, Commissioner, Connecticut Department of Social Services, Hartford, CT

Colin Bridge, General Manager, Future Service Design Division, Australian Department of Human Services, Canberra, Australia

Lanier M. Cansler, Secretary, North Carolina Department of Health & Human Services, Raleigh, NC

Jeanne Carroll, Assistant Executive Director, Ohio Job and Family Services Directors Association, Columbus, OH

Clarence H. Carter, Director, Arizona Department of Economic Security, Phoenix, AZ

Marilyn Chase, Assistant Secretary, Child Youth and Families, Executive Office of Health and Human Services, Boston, MA

Marc Cherna, Director, Department of Human Services, Pittsburgh, PA

Steven M. Costantino, Secretariat, Executive Office of Health & Human Service - Rhode Island, Providence, RI

Cari DeSantis, Consultant, Washington, DC

Marjorie C. Donaldson, Analyst, North Carolina Department of Health and Human Services, Raleigh, NC

Susan N. Dreyfus, Secretary, Washington State Department of Social and Health Services, Olympia, WA

Paul A. Fleissner, Director, Olmsted County Community Services, Rochester, MN

Yasmin Fodil, Twitter/Facebook, Leadership for a Networked World, Cambridge, MA,

Jerry Friedman, Director of Strategic Initiatives, Accenture Human Services

Richard Friedman, Director, Division of State Systems, Centers for Medicare and Medicaid Services, Washington, DC

Dave Gajadhar, Project Director, Government of Alberta / Alberta Supports, Edmonton, AB, Canada

Denise Gallop, Deputy Director, Hampton Department of Human Services, Hampton, VA

Michael A. Gargano, Secretary, Indiana Family and Social Services Administration, Indianapolis, IN

Gary Glickman, Coordinator, Partnership Fund, Office of Management and Budget, Executive Office of the President, Washington, DC

David Godfrey, State Medicaid Director, Minnesota Department of Human Services, Saint Paul, MN

Steve Goldberg, Managing Director & General Counsel, Social Finance Inc., Boston, MA

Larry Goolsby, Director of Strategic Initiatives, APHSA, Washington, DC

Mark Greenberg, Deputy Assistant Secretary for Policy, Administration for Children and Families, HHS, Washington, DC

Barbara Dwyer Gunn, President and CEO, Seedco, New York, NY

Kelly Harder, Community Services Director, Dakota County, St. Paul, MN

Michelle Henry, Senior Vice President, Seedco, New York, NY

Rex Anthony Holzemer, Area Director, Hennepin County Human Services and Public Health Department, Minneapolis, MN

Rick Howard, Research Director, Gartner, Inc., Corvallis, OR

Lucinda Jesson, Commissioner, Minnesota Department of Human Services, St. Paul, MN

Lynn A. Johnson, Executive Director, Jefferson County Department of Human Services, Golden, CO

Ruth Johnson, Secretary, Louisiana Department of Children and Family Services, Baton Rouge, LA

Beverly Beasley Johnson, Director, San Mateo County Human Services Agency, Belmont, CA

Melissa Kanaya, Senior Program Associate, APHSA, Washington, DC

Erinn Kelley-Siel, Director, Oregon Department of Human Services, Salem, OR

Greg Kunz, Deputy Administrator, Division of Welfare -- Department of Health & Welfare, Boise, ID

Anita Light, Deputy Executive Director of Policy and Programs, APHSA, Washington, DC

Bailey McCann, Editor & Publisher, CivSource, Brooklyn, NY

Angelo McClain, Commissioner, Massachusetts Department of Children and Families, Boston, MA

Michael McCreight, Assistant Director, Ohio Department of Job & Family Services, Columbus, OH

Philip P. McGovern III, Captain, Boston EMS, Boston, MA

Kevin M. McGuire, Commissioner, Westchester County Department of Social Services, White Plains, NY

Jerry Mechling, Vice President Research, Gartner; Founding Faculty, Leadership for a Networked World, Cambridge, MA

Greg Mennis, Assistant Secretary for Finance and Infrastructure, Executive Office for Administration and Finance, Boston, MA

Ed Mishrell, Senior Vice President Planning and Measurement, Boys & Girls Clubs of America, Atlanta, GA

Catherine Moriarty, Compliance Director, Executive Office of Health and Human Services, Boston, MA

Debora Morris, Director Public Assistance, Accenture

Adelaide C. O'Brien, Research Director, IDC, Alexandria, VA

Thomas O'Connor, Associate Administrator, Special Nutrition Programs, Food and Nutrition Service, US Department of Agriculture, Alexandria, VA

Antonio Oftelie, Executive Director, Leadership for a Networked World and Fellow Technology & Entrepreneurship Center at Harvard, Cambridge, MA

Ana R. Pagan, Director, Merced County Human Services Agency, Merced, CA

James Payne, Director, Indiana Department of Child Services, Indianapolis, IN

William H. Pinakiewicz, Director, New England Program, Nonprofit Finance Fund, Boston, MA

Debra Porchia-Usher, Interim Director, DC Child & Family Services Agency, Washington, DC

Amy Ramsay, Program Director, Leadership for a Networked World, Cambridge, MA

Elliott Robinson, Director, Monterey County Department of Social and Employment Services, Salinas, CA

Wanda Rogers, Director, Hampton Department of Human Services, Hampton, VA

Anne Sapp, Project Director, HHSC Modernization Project, TX Health and Human Services Commission, Austin, TX

Ron Smith, Director of Legislative Affairs, APHSA, Washington, DC

Daniel Stein, Managing Partner, Stewards of Change, USA

Dennis Stewart, Regional Director, Supplemental Nutrition Assistance Program, USDA. Food and Nutrition Service, San Francisco, CA,

William J. Streur, Commissioner, Health and Social Services, State of Alaska Department of Health and Social Services, Anchorage, AK



Shealy Thompson, Lead, Quality Management, NC DHHS, Division of MH/DD/SA Services, Raleigh, NC

Jerome Uher, Director, APHSA, Washington, DC

Tracy Wareing, Executive Director, APHSA, Washington, DC

Gregory Wass, Chief Information Officer, Cook County Illinois Government, Chicago, IL

Gregory Wilmot, Senior Advisor for Strategic Planning, Executive Office of Health and Human Services, Boston, MA

Kerry T. Winterer, CEO, Department of Health and Human Services, Lincoln, NE

Lori Wolff, Deputy Administrator, Division of Welfare -- Department of Health & Welfare, Boise, ID

Lyle Wray, Executive Director, Capitol Region Council of Governments, Hartford, CT

George Zegarac, Deputy Minister, Ministry of Children and Youth Services, Ottawa, ON, Canada

Additionally, credits and thanks are due to Amy Ramsay for program direction; Sarah McCann and Bailey McCann for editorial review; Todd Gillenwaters for graphic design; and Russ Campbell for photography at the Human Services Summit and the APHSA Commissioners' Retreat.



About Leadership for a Networked World



The mission of Leadership for a Networked World is to help leaders activate innovations and realize transformations that generate capacity and sustainable public value. Founded

in 1987 at the John F. Kennedy School of Government at Harvard University, LNW now works across the Harvard community and globally to provide uniquely powerful leadership summits, transformation programs, and advisory services. Since 1987, LNW (E-government Executive Education - "3E," prior to 2005) has conducted more than 200 learning events and gathered more than 12,000 alumni globally.

Currently, LNW initiatives are focused on the global "capacity challenge:" Structural deficits, demographic changes and citizen demands are rapidly changing the operating environment and competitive landscape of government, pressuring ability to provide public value. To succeed in this new era, leaders must transform organizational capacity to deliver current services, create new solutions, increase transparency and equity, and - most importantly - help people, families, communities and nations realize their full potential. To ensure success, leaders have to make difficult decisions and choices about the level of reform and the pace of adaptation, and LNW helps guide the journey. Learn more at www.lnwprogram.org.

About the Author



Antonio M. Oftelie is Executive Director of Leadership for a Networked World and a Fellow at the Technology and Entrepreneurship Center at Harvard University where he conducts research at the intersection of law, policy and technology, administers the Public Sector Innovation Award program and runs the annual Shared Services Summit and Human Services Summit.

During his time at Harvard, Mr. Oftelie has created internationally recognized frameworks and maturity models for organizational innovation and value creation including the Shared Services Horizons of Value, the Public Sector Value Chain and the Human Services Value Curve. As an application of his research, Antonio advises senior government and business executives on organizational transformation by helping them to evolve their mission and strategy, ideate new business and service models, build adaptive strength and create performance and value measures.

Mr. Oftelie holds a BS in Management and Ethics from Crown College and an MPA with a Business and Government Policy concentration from Harvard University — where he focused his studies on leadership, finance, and public policy at the Harvard Kennedy School, and on strategic management, technology, and innovation at the Harvard Business School. He can be reached at antonio.oftelie@post.harvard.edu.

About Accenture



High performance. Delivered.

Accenture collaborates with clients to help them become high-performance businesses and governments.

Today human services agencies need to deliver services more effectively, efficiently and quickly to help families in need receive quality services while maximizing taxpayer money. Accenture helps agencies integrate quality services to make the most of limited resources, and modernize technology, to create efficiencies, improve services and reduce costs. We work with clients to help them drive new value to realize desired outcomes —from intake through case management. Our professionals combine proven solutions, innovative technologies and delivery excellence to help agencies put families first. For more information on Accenture's human services practice, visit www.accenture.com/humanservices. In addition, for in-depth Human Services Summit presentations, videos and resources, visit www.accenture.com/integratedservicedelivery.

Accenture is a global management consulting, technology services and outsourcing company, with more than 244,000 people serving clients in more than 120 countries. Combining unparalleled experience, comprehensive capabilities across all industries and business functions, and extensive research on the world's most successful companies, Accenture

About the American Public Human Services Association



APHSA is a bipartisan, nonprofit organization representing appointed state and local health and human service agency commissioners. APHSA was founded in 1930 as the American Public Welfare Association and changed its name to APHSA in 1997. APHSA is the only association of the nation's top government human service executives from all 50 states, the District of Columbia, and the territories—and their key state program managers, plus hundreds of county-level directors of human services throughout the nation—for the exchange of knowledge, data, best practices, policy review and development, networking and advocacy. APHSA houses nine affiliate organizations, whose members are the administrators which operate human service agency divisions or departments in the states and for the most part report to a state commissioner. The affiliates cover a variety of program specializations such as child welfare and income assistance programs as well as support functions such as program evaluation and staff training.

APHSA is committed to carrying out our work through strong connections and partnerships among the many areas of government and the broader community that affect the well-being of our citizens. Learn more at www.aphsa.org.

APHSA is a bipartisan, nonprofit organization representing appointed state and local health and human service agency commissioners. APHSA was founded in 1930 as the American Public Welfare Association and changed its name to APHSA in 1997. APHSA is the only association of the nation's





LEADERSHIP FOR A
NETWORKED WORLD

www.lnwprogram.org

