

The 2016 Health and Human Services Summit:

Catalysts for a Generative Future

October 14 - 16, 2016, Harvard University
Cambridge, Massachusetts



LEADERSHIP FOR A
NETWORKED WORLD



The 2016 Health and Human Services Summit: *Catalysts for a Generative Future*

What does the future of health and human services look like? Where can we see glimpses of the future? How will we scale up promising innovations to achieve our vision?

We do have insights into catalysts for a generative future: we know that children from low-income families with access to health and nutrition programs are more likely to graduate from high school. We have proven that helping parents with low incomes increase their educational attainment also positively affects their children's emotional health and performance in school. We have made the connection that families with stable housing and child care subsidies move up the income ladder faster and more sustainably. We have seen how human services, health, and policing agencies working together in a coordinated effective ecosystem can make communities safer and healthier. All of these generative outcomes help cut the cycle of poverty and move families and communities toward a culture of health and self-sufficiency.

Yet, here is the problem: even with all the positive examples of progress and innovation in knitting together services, more work must be done to envision and build the ecosystem of organizations that can work together to design and deliver solutions that address the root causes of individual, family, and community health and human services challenges. In this endeavor, critical questions arise, such as:

- What are the innovative cross-system partnerships that create better outcomes and value, and how do those partnerships govern and scale their models over time to create strong effective ecosystems?
- Where can law and policy be aligned at the federal, state, local, and provider level to ensure that investments and measures are made to achieve our desired future state?
- How can partnerships better leverage data and technology across an ecosystem in order to predict and assess family and community challenges, connect services, and design positive interventions?
- How can leaders in health and human services design cultures, teams, and dynamic capabilities attuned to creating solutions across traditional boundaries and networks?

To help health and human services leaders with these challenges, the Technology and Entrepreneurship Center at Harvard, Leadership for a Networked World, and Accenture, in collaboration with the American Public Human Services Association, convened senior-most leaders for ***The 2016 Health and Human Services Summit: Catalysts for a Generative Future***. This seventh annual Summit, held from October 14 - 16, 2016, at Harvard University in Cambridge, Massachusetts, provided an unparalleled opportunity to learn from and network with the world's foremost health and human services practitioners, Harvard faculty and researchers, and industry experts. Participants left the Summit poised to deliver generative outcomes and impact for individuals, families, communities, and society.

This report synthesizes the key findings from the Summit. In particular, it contains special sections on 1) two-generation outcomes and impact; 2) the opportunities for collaboration between policing and human services; 3) leadership lessons from a keynote address by Rafael López, then the Commissioner of the Administration on Children, Youth and Families at the U.S. Department of Health and Human Services (HHS); and 4) recommendations from Summit attendees for priorities for HHS to focus on in the last 90 days of the Obama Administration, in the first 100 days of the new administration, and over the next four years.

The report also delves into four case studies highlighting leadership in health and human services organizations striving to produce generative outcomes:

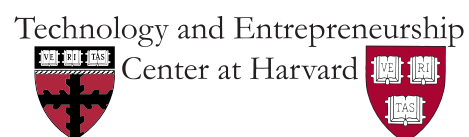
- In Ohio, Rex Plouck and his colleagues in the Governor's Office of Health Transformation have pursued a multi-pronged transformation plan focused on modernizing Medicaid, streamlining health and human services, and paying for value.
- In the Commonwealth of Virginia, leaders from the public and private sectors and academia have collaborated on an effort to create an evidence-based ecosystem that would allow health and human services organizations to share data and perform rapid-cycle evaluations to assess and adapt various interventions.
- In the Allegheny County Department of Human Services and the Montgomery County Department of Health and Human Services, leaders have leveraged data sharing and predictive analytics to improve program coordination and outcomes.
- Leaders in Finland's capital region created Apotti, a program focused on fostering stronger ties, creating high-performing teams and dynamic capabilities, and spurring cultural change within the health and social services sectors.

We hope this report offers new ideas, strategies, and insights to leaders and organizations striving to scale the Human Services Value Curve.

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Contents

Reflections from the Executive Director.	5
The Human Services Value Curve – A Framework	7
Realizing an Outcomes-Focused Transformation in Ohio.	8
Two-Generation Outcomes and Impact.	13
Improving Outcomes for Children in the Commonwealth of Virginia	17
Catalyzing Policing and Human Services	22
Achieving Data Sharing in Allegheny and Montgomery Counties	26
Leadership Lessons from Commissioner Rafael López.	31
Recommendations for the U.S. Department of Health and Human Services	34
Apotti: A Vision for Integrated Health and Human Services in Finland	38
Insights from the American Public Human Services Association Leadership Retreat.	42
Summary	44
Acknowledgments.	47

Reflections from the Executive Director



Colleagues:

If investment in your health and human services programs were solely dependent on measurable outcomes, what form of organization and services would you design?

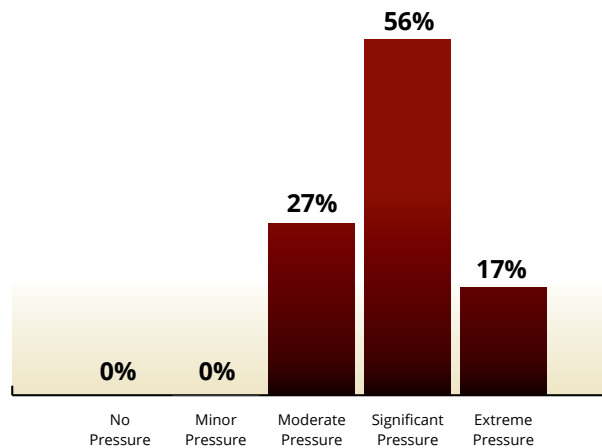
We opened and closed The 2016 Health and Human Services Summit with this vital question. Re-envisioning and redesigning our organizations and services is especially critical as society is quickly entering what I call the “Outcomes Economy” – an environment in which achieving generative outcomes will be dependent on designing an “ecosystem” of value creation. In this new economy, services must be woven together across traditional organizational boundaries in order to create greater capacity and new outcomes. With this shift, we must also find new ways of measuring the value of those outcomes.

While this sounds daunting, the business models emerging from the Outcomes Economy may be key to addressing this growing pressure on the health and human services system. Adapting our systems is pivotal, as 73 percent of Summit attendees said they are facing either significant or extreme pressure to improve capacity and service delivery.

We can look to early adopters, like General Electric, to understand how the Outcomes Economy might impact our environment. You likely have seen the GE commercials that allude to jet engines that can “talk” to other machines and to people. Underneath this machine personification is a strategy in which GE is fundamentally changing its business model – from one of selling jet engines to airline companies, to one of selling “outcomes” to airlines. Essentially, an airline will pay for engine uptime, and GE will monitor the engine’s performance through real-time digital tracking and analytics. In this new outcomes economy model, GE and the collaborators in this digital ecosystem will generate and capture value on their performance outcomes.

Closer to home is the State of Ohio, where officials are transforming their health and human services system to move to an outcomes-based model. With this new model, Ohio is introducing episode-based payments – an approach wherein service providers will receive payment based on metrics of health outcomes. To succeed in this new environment, health and human services providers in Ohio will have to build services that can “talk” to one another by sharing and analyzing data and designing the optimal service level for patients.

Pressure to Improve Capacity and Service Delivery



The future painted by GE and Ohio shows the importance of building ecosystems that can generate new levels of outcomes. The power of the Outcomes Economy model wasn't lost on Summit attendees. In fact, 71 percent of attendees said that building new ecosystems is critical for the future. Yet the challenge is also on the minds of leaders at the Summit, as only six percent said they were well prepared to build new ecosystems. Thus, critical competencies of health and human services leaders moving forward will be not only how to design ecosystems, but also how to adapt legacy organizations to fit the new model.

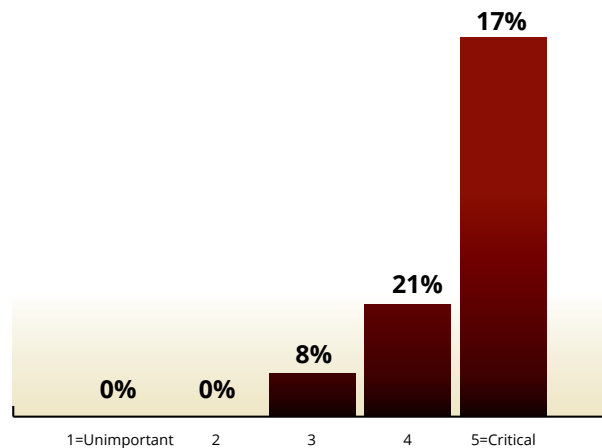
I hope you ponder these challenging issues as you read this report. Prepare to bring your ideas to the 2017 Summit, where we'll dig even deeper into the Outcomes Economy and reflect on what it will take to build effective ecosystems.

Let's get to work!

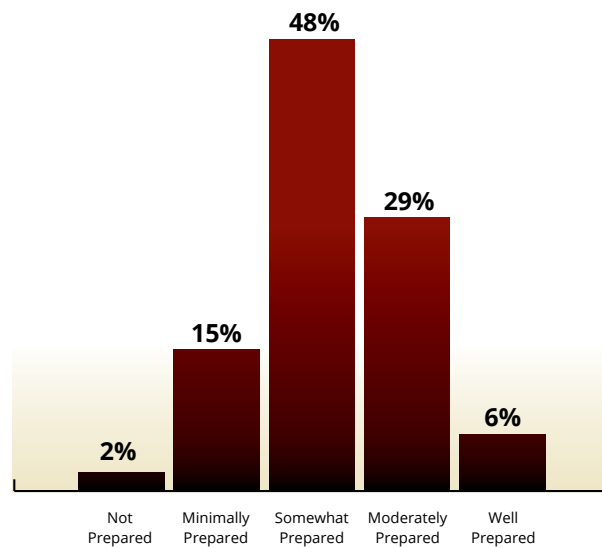


Dr. Antonio M. Oftelie
 Fellow, Technology and
 Entrepreneurship Center at Harvard
 Executive Director, Leadership for a Networked World
 Harvard John A. Paulson School of Engineering and
 Applied Sciences

Importance of Building New Ecosystems of Service



Organizational Preparation to Build New Ecosystems of Service



The Human Services Value Curve – A Framework

As in previous Summits, participants this year charted their transformation journey along the Human Services Value Curve, a framework for improved outcomes, value, and legitimacy. As leaders guide their enterprise up the Value Curve, the enabling business models support new outcome frontiers and greater organizational capacity.

The Value Curve comprises four levels of increasing value. Each level represents a different business model, characterized by the organizational focus guiding service-delivery.

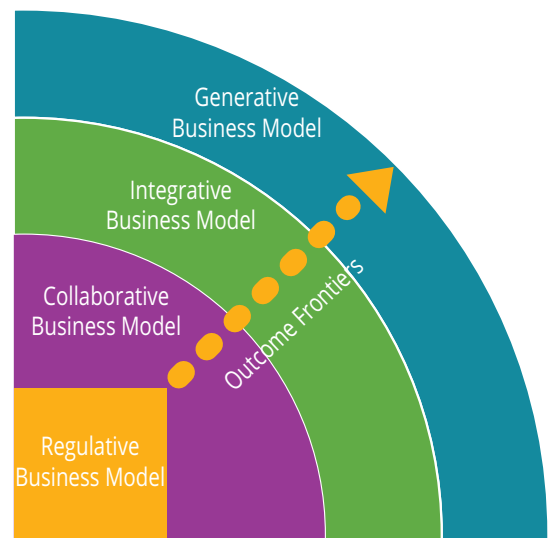
- **Regulative Business Model:** This model focuses on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.
- **Collaborative Business Model:** This model focuses on supporting constituents in receiving all the services for which they're eligible by working across agency and programmatic boundaries.
- **Integrative Business Model:** This model focuses on addressing the root causes of client needs and problems by coordinating and integrating services at an optimal level.
- **Generative Business Model:** This model focuses on generating healthy communities by co-creating solutions for meeting family and socioeconomic challenges, and for leveraging related opportunities.

The Human Services Value Curve is not a one-size-fits-all solution, but rather a guide to help leaders envision an evolutionary path. An organization that traverses the Value Curve becomes increasingly oriented toward outcomes, driving innovations that change both operational structure (the way work is organized) and technological structure (how information technology is used and implemented). The resulting capacity increases enable broader and more valuable impacts.

Building on several years of transformation already guided by the Value Curve, several Summit participants discussed how leaders can use the framework to realize the potential of emergent ideas and achieve greater capacity and outcomes.

Human Services Value Curve

Efficiency in Achieving Outcomes



Effectiveness in Achieving Outcomes



Realizing an Outcomes-Focused Transformation in Ohio

In 2011, officials from the State of Ohio performed a cost-benefit analysis of the state's spending on health and human services, and the results were alarming. On the one hand, per capita healthcare spending in Ohio was higher than all but 17 other states. On the other hand, Ohio had one of the least healthy workforces in the country (it ranked in the bottom third of states in a national health assessment). "We were spending plenty of money," lamented Rex Plouck, who would soon take a leading role in the Governor's Office of Health Transformation (OHT). "[But] we weren't getting the outcomes we wanted for it."¹

As dismaying as this situation was, newly elected Governor John Kasich also realized that the state's limited return on its health and human services investment created a powerful case for change. Shortly after taking office, he therefore announced a multi-pronged transformation plan focused on modernizing Medicaid, streamlining health and human services, and paying for value. In a comment that illustrated how much he wanted to alter the status quo, Kasich said, "We're going to practice outcome-based medicine, period, across the board."²

Kasich's transformation plan had the potential to help Ohio reach the upper echelons of the Human Services Value Curve. However, in order to get there, the state would first have to address a number of difficult dilemmas. How would it create an institutional engine for reform? How would it facilitate cooperation among agencies and programs accustomed to operating in silos? Would it be able to leverage technology and more efficient operating models to modernize Medicaid and streamline health and human services? Finally, once the state had completed these foundational reform efforts, would it be able to persuade providers and payers to participate in an outcomes-based system, and would the state be able to craft data analysis tools to help all of the stakeholders obtain the positive results they desired?

1 Rex Plouck, "Realizing an Outcomes-Focused Transformation in Ohio," Presentation at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA, on October 16, 2016. Hereafter cited as Plouck presentation. Unless noted, the data in the remainder of this case comes from this presentation.

2 Reginald Fields, "Medicaid Reforms Are A Key Piece of Gov. John Kasich's Budget Proposal," *The Plain Dealer*, March 15, 2011, available at http://www.cleveland.com/open/index.ssf/2011/03/medicaid_reforms_are_a_key_pie.html (accessed on December 30, 2016).

2011: The Governor's Office of Health Transformation

One of the biggest obstacles to reform was that the state's existing health and human services framework was extremely fragmented, with more than ten agencies, 88 counties, and a number of privately run service providers that dealt with those realms. This setup was extremely inefficient. It also made it difficult to enact far-reaching reform. "There was very little coordination," Plouck recalled. "That prevents big strategic initiatives from getting done because it's hard to coordinate across all of those agencies."

To remedy this problem, Kasich issued an executive order creating OHT, a seven-person team that was tasked with transforming the state's health and human services systems. More specifically, the group was expected to spearhead strategic change involving Information Technology, budgets, and policy across health and human services. Of the group's high-level mission, Plouck explained, "It's 'hit the home run.' It's 'go for the big wins.' It's 'address something that's really big....' Everything that we do, we do it very strategically to say this is going statewide or just as big as you can go."

Although OHT did not have an enormous team, it possessed significant clout. This was in part because its Executive Director, Greg Moody, had played an integral role in recruiting the health and human services cabinet members with whom he would be working. The group also benefitted from a modification to state law that facilitated efforts to increase collaboration between agencies and programs working in the health and human services field. In the status quo, most of the agencies and programs were operating in isolation from one another. As Plouck said, Ohio "not only had lots of silos; it had silos inside of silos." What's more, there were myriad provisions that required detailed and lengthy legal agreements for agencies to share data and other resources. Consequently, working with state legal advisors, OHT modified state law and created operating protocols that stipulated "if there's an initiative that is an OHT-sponsored initiative, that we can supersede state law and we can move monies, people, and data from agency to agency."

Thus, in his first year in office, Kasich and his team had created and empowered an institutional engine for reform—a key first step in its aim to help Ohio scale the Human Services Value Curve.

2012-2014: "The Placemat"

While establishing OHT represented a significant step, Moody, Plouck, and the rest of their team still had a long way to go before they could realize their long-term goal of creating an outcomes-based environment. To begin with, they needed to define more clearly what their strategy would be. As a result, OHT produced a one-page "Innovation Plan" that laid out in chronological order how the state would first modernize Medicaid and streamline health and human services before creating a system in which Ohioans "paid for value." OHT officials nicknamed the one-page strategy document—which also highlighted the relevant executive orders, policy priorities, and governance structures for each objective—"the placemat" because they began (and have continued) to position it at peoples' places for every OHT meeting.

With a strategy in place, OHT officials started initiating changes to the health and human services landscape. This began with an effort to modernize Medicaid, which involved (among other things) extending Medicaid benefits, prioritizing home- and community-based services, integrating Medicare and Medicaid, and rebuilding the state's community behavioral health system capacity. OHT also made a major push to streamline health and human services by making Medicaid a standalone agency and merging agencies that had previously dealt separately with mental health and drug addiction. In short, the state combined programmatic restructuring and service improvements and expansion to begin to seed change.

Still, the highlight of these early reform efforts was the creation of an integrated eligibility system for the state's health and human services programs. In the past, there had been separate (and largely paper-based) application and program management functions for the state's health and human services systems. This meant that beneficiaries often had to come in to local offices to apply for assistance. It also resulted in case managers devoting a significant amount of time to "pushing paper" instead of caring for their clients. OHT therefore introduced a new integrated electronic

eligibility system that combined the previously disparate legacy systems, allowed beneficiaries to apply for services online, and enabled providers to focus more time on leveraging their expertise to help people in need.

Thus, by the end of Governor Kasich's first term, OHT had introduced structural, policy, and technological changes that enabled Ohio's health and human services system to make significant progress along the Human Services Value Curve.

2015-2016: An Outcomes-Based System

While modernizing Medicaid and streamlining health and human services helped Ohio to progress, OHT's overarching goal was to move towards an outcomes-based system. In the past, the state's health and human services providers had employed a mix of a fee-for-service model (i.e., an approach in which consumers paid for the services that providers rendered) as well as a managed care setup (i.e., a system in which a company oversees the cost).³ However, in 2015 and 2016, OHT sought to take the state to the next level of the Human Services Value Curve and began implementing ways for Ohioans to pay for the value they received, rather than just the services that health and human services providers delivered.

A key part of OHT's strategy for moving to an outcomes-based system has been introducing episode-based payments—an approach in which “payment [is] based on performance in outcomes or cost for all services needed by a patient, across multiple providers for a specific condition.”⁴ OHT began this effort in early 2015 with an initial wave of reform focused on a limited set of conditions (e.g., asthma exacerbation and total joint replacement). Since then, it has gradually expanded the conditions to which episode-based payments apply. In fact, by the end of 2016, the setup was used for over a dozen treatments.

At the same time, OHT officials have worked extensively to ensure that payers and providers are enthusiastically participating in the system and that they have the tools they need to achieve the desired results. To establish buy-in, Plouck and his colleagues have engaged in an expansive dialogue with both payers and providers. The approach has paid dividends: more than 90 percent of payers are participating in the system, and, as Plouck explained, OHT has developed a “robust partnership plan where they engage providers in meetings and strategy sessions.” “Without this engagement,” Plouck emphasized, “[the use of episode-based payments] would all be a waste of time.”

OHT has also developed reporting and data analysis tools to help providers gauge their progress and discern ways to improve. Every provider receives a quarterly performance report that highlights the number of treatments they provided, the risk-adjusted spending for each episode, key performance indicators, and quality and utilization efforts compared to other providers. What's more, OHT has given providers the tools to drill down into any metric and examine the raw data upon which it is based. Consequently, providers—who, as Plouck emphasized, want to maximize the time and attention that they devote to their patients—are able to analyze quickly on a case-by-case basis what is affecting their ability to achieve the outcomes they need.



“The best thing about a strategy is it doesn't say what you're doing: it says what you're not doing. There's never enough time, enough people, enough money to do everything, so you stay focused on what's in your strategy, and that's how you get the stuff done.”

– Rex Plouck
Governor's Office of Health Transformation
State of Ohio

3 “Overview – Managed Care,” Medicaid, available at <https://www.medicaid.gov/medicaid/managed-care/index.html> (accessed on January 3, 2017).

4 The state has also made a push to create more patient-centered medical homes—a setup in which “primary care practices organize and deliver care that broadens access while improving care coordination, which leads to better outcomes and a lower total cost of care.”


2017 and Beyond: The Path Ahead

Six years since taking office, Kasich, Moody, and the rest of the OHT team still see opportunities for improvement. For example, Plouck and his colleagues would like to introduce more sophisticated data and predictive analytics models so that providers can uncover new and more creative ways to achieve the desired health outcomes and contain costs. Nonetheless, the state can take pride in the fact that it has already transformed Ohio's health and human services landscape. Among other signs of progress, the state recently initiated a strategy to apply the episode-based payment system to behavioral health outcomes.

Reflecting on the state's improvement to date, Plouck highlighted a number of important factors that have contributed to the group's upward trajectory along the Human Services Value Curve. These include being prepared for the unexpected and having strong communication. However, he emphasized that none was more important than OHT's initial creation of a comprehensive strategy and the team's disciplined devotion to implementing that strategy. Plouck explained, "The best thing about a strategy is it doesn't say what you're doing: it says what you're not doing. There's never enough time, enough people, enough money to do everything, so you stay focused on what's in your strategy, and that's how you get the stuff done."

Enablers for Ascending the Human Services Value Curve

- **Build A Platform:** Governor Kasich established OHT as the institutional engine for reform.
- **Stick To A Strategy:** Early on, OHT built a one-page innovation plan; that document has served as the "placemat" and guiding light for every OHT meeting and action since then.
- **Think Big:** OHT pursued an ambitious strategy to create an outcomes-based system and propel Ohio's health and human services system into the 21st century.
- **Dig Into Data:** OHT has created reporting tools that allow providers to delve into granular, case-level data, helping them to achieve the outcomes that they and all Ohioans desire.



"It is time for America's (nonprofit) social sector to claim its distinction and imperative as a critical partner committed to our ultimate goal of achieving equity ... We do this through the unique way we provide our services and supports, our innovative spirit, our leadership, our capacity for generative partnerships, and our paramount responsibility to advocacy.

This is our moment!"

– Susan Dreyfus

President and CEO, The Alliance for Strong Families and Communities



Two-Generation Outcomes and Impact

In Minneapolis, single mothers with low incomes are obtaining career and life skills training, housing, and education for their children—all in one transformational program. The results have been eye opening: in 2014, the non-profit Jeremiah Program produced a 35 percent increase in employment and an approximately 58 percent improvement in wages for mothers participating in the initiative. What's more, in 2012 and 2013, 100 percent of children in the Jeremiah Program achieved cognitive and physical growth that was on par with national averages. Even more impressively, a study evaluating the program's return on investment found that for every dollar that the Jeremiah Program receives, it produces four dollars in social benefits—a return that is over three times as large as the typical output for comparable housing initiatives. In short, the Jeremiah Program is emblematic of how two-generation (2Gen) approaches—strategies that “focus on creating opportunities for and addressing needs of both vulnerable children and their parents together”—can produce enormous benefits for parents, children, and society as a whole.^{5,6}

With hopes of increasing awareness and disseminating 2Gen best practices, **The 2016 Health and Human Services Summit** convened a panel discussion focused on this innovative model. Facilitated by Raquel Hatter, Commissioner of the Tennessee Department of Human Services, the discussion began with an overview of the 2Gen model from Anne Mosle, Executive Director of Ascend, a policy program within the Aspen Institute.⁷ The panel also featured commentary

5 Gloria Perez, “Jeremiah Program: Transforming Lives Two Generations At A Time,” in *Two Generations. One Future. An Anthology from the Ascend Fellowship*, Ascend, The Aspen Institute, April 2015, pp. 124-129, available at http://b3cdn.net/ascend/5d2d0cd2503a267147_ugym60hk5.pdf (accessed on February 2, 2017); and “The Two Generation Approach,” Ascend, The Aspen Institute, 2017, available at <http://ascend.aspeninstitute.org/pages/the-two-generation-approach> (accessed on January 18, 2017).

6 For additional details on 2Gen approaches, see “The Two-Generation Approach,” Ascend, The Aspen Institute, 2017, available at <http://ascend.aspeninstitute.org/pages/the-two-generation-approach> (accessed on February 10, 2017).

7 “Two Generations. One Future. Colorado on the Frontline of Innovation,” Presentation by Anne Mosle, Vice President, Aspen Institute, at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA, on October 15, 2016. Unless noted, the remainder of this case study draws on this presentation as well as commentary from Mosle's co-panelists: Raquel Hatter, the Commissioner of the Tennessee Department of Human Services; Lynn Johnson, the Executive Director of the Jefferson County Department of Human Services; and Joyce Johnson, the Director of the Jefferson County Prosperity Project.

from three health and human services leaders from Colorado, which has emerged as one of the leading laboratories for 2Gen innovations:

- As the Deputy Executive Director of Operations at the Colorado Department of Human Services (CDHS), Nikki Hatch has worked to design and implement a 2Gen approach across a range of programs and in partnership with other state agencies.⁸
- Lynn Johnson, Executive Director of the Jefferson County Department of Human Services, has begun to implement a 2Gen approach in local government by streamlining and collocating services—such as Temporary Assistance for Needy Families, Child Welfare, and Head Start—that can benefit children and parents.⁹
- Joyce Johnson, Director of the Jefferson County Prosperity Project, leads a joint venture bringing together public and private sector organizations to help Jefferson County residents overcome intergenerational poverty.¹⁰

The section that follows highlights five of the most important takeaways from the panel discussion to guide other leaders seeking to design and launch 2Gen programs.

Leverage “Creative Tension”

In her introductory remarks, Hatter cited Dr. Martin Luther King’s *Letter from a Birmingham Jail* in which he identified “creative tension” as a vital ingredient in the social change and reform process.¹¹ “Implicit in that,” Hatter explained, is that “you create tension but you do it on purpose...so that people aren’t complacent or feel comfortable from where they are relative to all the people for whom we’re trying to make a difference in their lives.”

Citing this same concept, Lynn Johnson, Executive Director of the Jefferson County Department of Human Services, described her community’s effort to unpack why so many children in families participating in Head Start were failing school by the third grade. After conducting interviews with participating families, she learned that there was a widespread sentiment that school in Jefferson County became significantly more difficult in the third grade because of a combination of larger class sizes and a more challenging curriculum. What’s more, Johnson learned that a child’s struggles in third grade often brought back traumatic memories for parents who struggled in school. They often felt uncomfortable advocating for their kids. Johnson responded by convening an array of local officials and leaders—including mayors, city council members, and officials from the health and probation systems—to develop



“The way to study that and capture it is to take multiple generations of data and we don’t have that kind of time. And so it matters that we’re measuring now what we’re doing now, and that we’ve got good logic models and good hunches about ‘if this, then that,’ and that we’re as transparent as we can be, and sharing what we know – I think of it as showing our math in real time.”

– Nikki Hatch

Deputy Executive Director of Operations,
Colorado Department of Human Services

8 One area in which CDHS has adopted a 2Gen approach is child support enforcement. Traditionally, child support enforcement has focused on forcing non-custodial parents to make payments to support their children. This priority has not shifted. What has changed is the way the department attempts to solve the non-payment problems. Personal communication with Mosle and Yvette Sanchez Fuentes, Assistant Director for Policy, Ascend, The Aspen Institute, via e-mail, on February 22, 2017. For a more detailed discussion of CDHS’s work in this realm, see “State Human Services Model: Colorado As A Case Study for Policymakers,” Ascend, The Aspen Institute, pp. 12-29, available at http://b.3cdn.net/ascend/893134e530858f39b2_nzm62z9nh.pdf (accessed on January 19, 2017).

9 Ibid., p. 26.

10 Ibid., p. 15

11 According to Peter Senge, a senior lecturer at the MIT Sloan School of Management, “Creative tension comes from seeing clearly where we want to be, our ‘vision,’ and telling the truth about where we are, our ‘current reality.’ The gap between the two generates a natural tension.” Peter Senge, “The Leader’s New Work: Building Learning Organizations,” *MIT Sloan Management Review*, October 15, 1990, available at <http://sloanreview.mit.edu/article/the-leaders-new-work-building-learning-organizations/> (accessed on January 31, 2017).

a comprehensive 2Gen approach for families participating in Head Start and third graders. “There is creative tension when you do this,” Johnson explained, “and we brought the entire community together.”

The implication is that effectively implementing a 2Gen approach often requires confronting hard truths and delving more deeply into the roots of problems so that leaders can understand them and tease out workable solutions. In other words, touching on and exploring tension in the interest of creating better outcomes can pay enormous dividends.

Measure and Capture Outcomes, But Trust Your “Hunches” As Well

One of the consistent themes in the panelists’ remarks was the importance of striking a balance between quantifying and analyzing outcomes and taking educated risks. Mosle called for a “balance between innovation and evidence.” This means that sometimes novel approaches, even if they are unproven, should be tried. It is also imperative to gather data on the multi-generational impact of those programs to gauge impact. As Mosle summarized, “Just do it, but show your math!”

Hatch, the CDHS official, provided additional context on the importance of testing innovative approaches. She pointed out that poverty is a multi-generational issue and that while it would be ideal to investigate this approach over the course of decades, “we don’t have that kind of time.” The takeaway is that effective 2Gen approaches blend careful data gathering with strong logic models and, as Hatch added, “some of our best hunches and some of our good guesses” about the kinds of programs that are likely to work and why.

Partner with Unusual Suspects – Energize the Ecosystem

Another common thread in the discussion was the importance of finding unorthodox partners who will make a 2Gen approach effective. Casting a wide net can be useful in part for identifying untapped or unexpected funding sources. For instance, as Mosle pointed out, the Department of Labor—an uncommon funder in the health and human services field—recently created the *Family Strengthening Initiative* to help fund plans that combine employment, child care, and early-learning opportunities for families with low incomes. Non-traditional partners can also help implement 2Gen programs. For example, Joyce Johnson, Director of the Jefferson County Prosperity Project, described how she and her staff worked with auto repair mechanics who fixed cars so parents could bring their kids to school and get to work.

The overarching lesson is that just as the 2Gen approach requires officials to look at policy through a broader lens, they also must expand the range of groups and people to launch and run their initiatives.

Culture Change Is Paramount

Attendees emphasized that as much as 2Gen is about implementing specific initiatives, it is also a strategy for effecting a broader cultural change across an organization and community. To some extent, this involves creating stronger connections, deeper relationships, and more shared experiences across diverse programs, staff members, and community groups. This includes giving voice to and listening to the experiences of families. However, as Lynn Johnson explained, it also requires shifting the perspective of stakeholders and creating a culture that values all people, which, in turn, can lead to enduring strategic change.



“There is a fallacy that we don’t know what to do about poverty and economic well-being in this country. We do know what to do, and we think that 2Gen is one of the ways that we’re going to get there.”

– Raquel Hatter
Commissioner, Tennessee Department
of Human Services

She elaborated:

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

Energize Leaders at All Levels

Finally, attendees highlighted the importance of identifying and nurturing leaders at all levels of organizations. Hatch described how support from Colorado's Governor and Lieutenant Governor has played an integral role in helping to bring together siloed programs to implement a 2Gen approach. At the same time, she pointed to the importance of empowering leaders across all levels of an organization and community. This can range from frontline staff members to people receiving services; both groups see 2Gen programs up close and therefore are extremely well positioned to offer fresh perspectives and help lead change. "What we're trying to do," she explained, "is identify and really nurture informal leaders and thought leaders and practice leaders, so that we all get it, so that we're all sort of singing from the same hymnal. And I think engaging and empowering those kinds of leaders is exciting and also even more difficult."

Conclusion

The panelists' insights for what it takes to implement the 2Gen approach is instructive for leaders and organizations seeking to ascend the Human Services Value Curve. In addition to implementing innovative techniques like 2Gen, it is important to cultivate leaders; spur culture change; identify partners; and strike a balance between data and policy, on the one hand, and intangible qualities, such as intuition and "creative tension," on the other.

The 2Gen approach is more than a prescriptive policy strategy; it is also an excellent template for the kind of outside-the-box thinking and work that is required to make significant progress in the health and human services field.



"We engage family voice at all levels.... It really is coming to them and saying, 'What is it that you want and how can we serve you?' not 'Here's the box that we've decided you need to fit into.' And that seems like a small shift, maybe, in some ways, but it's massive. Because if you're really going to make that change, that spirit has to be infused in every interaction that you have with the family."

- Joyce Johnson
Director, Jefferson County Prosperity Project



Improving Outcomes for Children in the Commonwealth of Virginia

In late 2015, four leaders—William Hazel, the Secretary of Health and Human Resources for the Commonwealth of Virginia; Dr. Craig Ramey, a professor at Virginia Tech; and Accenture’s Howard Hendrick and Gary Glickman—began dissecting a simple but critical question. “What,” Glickman recalled, “are we trying to do for kids?”¹²

Secretary Hazel quickly concluded that Virginia could do more to help the next generation of Virginians, especially by investing more heavily and strategically in early childhood programs. The leaders therefore embarked on an effort to create an evidence-based ecosystem that would allow leaders from different organizations to collaborate and conduct rapid-cycle evaluations to understand the short- and long-term impacts of interventions and generate better outcomes.

Along the way, they would have to confront a number of difficult questions. How would they foster cooperation and encourage data sharing among organizations and jurisdictions that were accustomed to operating in silos? How could they create a supportive organizational structure? Would it be possible to engage academics in a research process that moved at a rapid clip and was not necessarily focused on a specific research question? How would they navigate political sensitivities and ideological differences about the appropriate role of government in children’s lives?

Background: The Abecedarian Project

The inspiration for this initiative came in part from a project that had begun a little over 40 years earlier at the University of North Carolina (UNC). Ramey, then a faculty member at UNC, and a team of collaborators, began to unearth insights about how to help children. This resulted in the Abecedarian Project, one of the most famous and “oft-cited” academic

12 “The Art of the Possible: Improving Outcomes for Children,” Presentation by Gary Glickman, Managing Director, Accenture, William Hazel, Secretary of Health and Human Resources, Commonwealth of Virginia, and Howard Hendrick, Director, Business Strategy for Human Services, Accenture, at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA, on October 15, 2016. Hereafter cited as “The Art of the Possible.” Unless noted, the data in this case comes from this presentation and a personal communication with Hendrick via e-mail on February 15, 2017.

studies on early childhood programs. The most important element of the study was a randomized controlled trial that evaluated the progress of a group of infants born between 1972 and 1977 who were “randomly assigned...to either the early educational intervention group or the control group.”¹³ These two groups were then later randomly assigned to an “enriched K-2 grade” intervention or to a “control group K-2 grade” group.

The research yielded several important findings and outcomes. First, the children selected were all from single parent households with below-poverty levels of income. The children who received the early childhood intervention treatment experienced a number of short- and long-term benefits, including higher IQ scores, improved reading and math skills, and better job prospects. Second, the mothers of the children who experienced the intervention were more than twice as likely to graduate from high school and attend college. This, as Howard Hendrick, the former Director of the Oklahoma Department of Human Services, explained, demonstrated that early-childhood interventions were an effective two-generation approach. “You’re not just building a future workforce capacity from the children,” he said. “You’re also building parental capacity for the workforce now.”¹⁴ Finally, Ramey was able to work with numerous state and local governments—including Oklahoma’s Human Services Department—to apply the results of his study to improve the quality of early childhood care services essential to enriching the lives of children in need.

Thus, the Abecedarian Project provided not only valuable insights but also a powerful template for how a collaboration between academics and policymakers can help a state scale the Human Services Value Curve.

The Prototype: Roanoke

Glickman, Ramey, Hendrick, and Hazel therefore set out to build on the Abecedarian Project’s legacy and establish a collaborative, evidence-driven ecosystem for early childhood development in Virginia. A key part of this would be creating an environment in which stakeholders were comfortable sharing data with one another so that they could employ an analytical tool to determine quickly the impact of different interventions and, in turn, how best to invest resources.

While the leaders eventually hoped to employ this model across the commonwealth, they decided initially to establish a prototype in Roanoke, a city in western Virginia. Roanoke was an attractive testing ground in part because of its proximity to rural areas with high unemployment rates and low educational attainment. In addition, there were a number of stakeholders—including local medical providers, universities, local government officials, and non-profits—that were devoted to helping children and enthusiastic about partnering. Finally, the city’s population (which is just under 100,000) provided a sample size that was large enough to conduct randomized evaluations and tease out causal relationships but still small enough so that different stakeholders could easily coordinate.

Still, they faced a number of difficult questions about how to launch the initiative. One was how to persuade diverse stakeholders to share data on children, a subject that can prompt organizations to be guarded. To overcome this hesitation, the project’s leaders framed data sharing not in terms of ceding an asset or privileged information,



“You’re not just building workforce capacity for providers. You’re building parental capacity because by helping children get a really robust intervention, you’re really going to be able to build that capacity at home, so you can see the improved maternal outcomes also improved the outcomes for kids.”

– Howard Hendrick
Director, Business Strategy for Human
Services, Accenture

13 For more details, see “The Abecedarian Project,” The Carolina Abecedarian Project, Frank Porter Graham Child Development Institute, The University of North Carolina at Chapel Hill, available at <http://abc.fpg.unc.edu> (accessed on January 27, 2017).

14 Hendrick, who had drawn on Ramey’s research while leading the Oklahoma Department of Human Services, synthesized the scholar’s findings in his presentation at the Summit.

but instead as a tactic to achieve a collective goal. As Glickman explained, they said, “Let’s not talk about data sharing. Let’s not talk about the analytics. Let’s talk about the results: here’s what it means for kids.”

Another question was how to create an analytical tool that would enable them to leverage data and produce informative results efficiently. This was critical because other common interventions, such as randomized controlled trials (RCTs), often take years to complete, require a static environment, and sometimes end up having limited prescriptive value because the results are not replicable. In Roanoke, they instead chose to “do research on a dynamic basis,” which involved producing quick results and preserving the flexibility to explore multiple research questions. Specifically, the partners proposed an Early Childhood Analytics Model (ECAM) that would pool data from different stakeholders, would conduct rapid cycle evaluations (mini RCTs) to discern causal relationships, and should produce conclusions that can help guide program implementation and resource investment decisions. This tool allows them to “get the results back quickly to everybody and say, ‘Look, if you do this, your kid will do better.’”

The creation of the ECAM should provide a valuable clue for leaders hoping to scale the Human Services Value Curve: it is critical to establish buy-in around a shared goal and then create an easy-to-use tool that can help everyone achieve that aim.

Taking the Project to Scale

While the planning for and design of the soon-to-launch ECAM had succeeded in Roanoke, the objective of Hazel, Glickman, and Ramey’s late-2015 conversation was to create a statewide ecosystem for collaboration, analysis, and reform. During his time in office, Hazel—in partnership with Glickman, Ramey, and others—has striven to create an environment that will help the commonwealth achieve what Hazel described as “collective impact.” This refers to a climate where there are not just “individual pockets of excellence” or “random acts of partnership;” instead, there is an ecosystem in which different stakeholders embrace “shared goals, strategies, and action plans.” Put differently, Hazel is trying to create an environment that will help the commonwealth ascend the Human Services Value Curve.

As Hazel also explained, achieving this objective will hinge primarily on the ability of different stakeholders to bridge the numerous vertical and horizontal silos that divide them. Hazel and his team have therefore endeavored to create an organizational structure and shared mission that can help bring historically divergent stakeholders together. This includes the Children’s Cabinet, a cross-secretariat, multi-agency collaborative created to better align policies and programs in support of [their] shared goal of serving Virginia’s youngest citizens.¹⁵ According to Hazel, this group has served as the “backbone” for a more collaborative environment. In addition, in 2016, he and his colleagues complemented this structure with a shared vision, the Virginia Plan for Well-Being. This is a framework for physical and emotional wellness and aging well that focuses in part on early childhood development. In short, Hazel has tried to seed on a statewide basis the characteristics that will likely make Roanoke so successful.¹⁶



“I would submit to you that for most of the work we do with kids, the only thing ever measured besides a process is the cost. Where is the value?”

– William Hazel
Secretary of Health and Human Resources,
Commonwealth of Virginia

15 “Governor McAuliffe’s Children’s Cabinet,” Commonwealth of Virginia, available at <https://hhr.virginia.gov/childrens-cabinet/> (accessed on January 27, 2017).

16 “The Art of the Possible;” and “Local Governments Encouraged to Review Virginia’s Plan for Well-Being,” Virginia Association of Counties, August 16, 2016, available at <http://www.vaco.org/local-governments-encouraged-to-review-virginias-plan-for-well-being/> (accessed on February 2, 2017).

Still, given the wide range of political beliefs across the commonwealth, Hazel has had to be careful to frame the state government's work in an ideologically neutral fashion. This is in part a function of semantics. For example, he does not talk about "equity" and instead highlights "opportunity." Hazel explained:

Equity is a really loaded term. If I talk about equity in Virginia, it's not likely to get really far. But what we can talk about is opportunity ... People buy the fact that in this country, you have an opportunity. And this [early childhood development] is where the opportunity starts. So, that's why we're focused here.

Hazel has not yet introduced a model like the ECAM at the state level; however, he and his partners have taken critical steps—namely creating a common organizational structure, establishing a shared mission, and building trust—that can set the stage for such a tool, and help the entire commonwealth progress along the Human Services Value Curve to create generative outcomes for children.

The Path Ahead

One year removed from their conversation in late 2015, Glickman, Hazel, and Ramey have done a great deal to help Virginia's youth. In particular, they have built on the legacy of the Abecedarian Project and designed the ECAM in Roanoke, and they have continued a multi-year effort to create a collaborative statewide ecosystem. In the process, they have also sharpened their priorities. As Glickman said, "Having worked with Craig and Bill and others across the state, I am totally convinced that there is no better investment that we can make than in early childhood development for our children because that's the way we're going to solve these long-term problems." In sum, the Commonwealth now has a prototype for a powerful analytical model, the foundations of a synergistic ecosystem, and a sharply defined strategic priority. That is a fantastic recipe for progressing along the Human Services Value Curve and improving the lives of Virginians for generations to come.

Enablers for Ascending the Human Services Value Curve

- **Learn From History:** Leaders in Virginia used the example of the Abecedarian Project as an inspiration and guide for a contemporary effort to produce data on the impact of early childhood interventions.
- **Build A Springboard:** Hazel, Ramey, and Glickman recognized that Roanoke—by virtue of its size, collaborative ethos, and proximity to high-need areas—provided an excellent locale in which to introduce their analytical model before bringing it to scale.
- **Framing Matters:** Hazel was attentive to language—most notably by using the word "opportunity" instead of "equity"—to create common ground and avoid inflaming political sensitivities.
- **Make Data Timely And Relevant:** In Roanoke, officials will bypass RCTs—which can take years to complete and are extremely rigid—for the ECAM, a more flexible system that should produce faster insights and results.



*“The volume, velocity and variety of change is greater
than it has ever been.”*

– Sarjoo Shah

Chief Information Officer, Human Services & Chief Strategist
Office of Management and Enterprise Services, State of Oklahoma



Catalyzing Policing and Human Services

A few years ago, the Los Angeles Police Department (LAPD) began receiving a deluge of calls about crime on Skid Row—a 50-block area in downtown Los Angeles that is home to the largest concentration of homeless people in the country.¹⁷ There was prostitution, narcotics use, and an alarming increase in assaults and robbery. When LAPD responded, the agency's leaders realized that they could not go it alone. The homeless encampments were filled with biohazards, including needles and human waste, that posed threats to officer safety. In addition, the homeless residents (the vast majority of whom had not committed violent crimes) had serious problems—ranging from serious wounds to mental health disorders to glaucoma—that required help from health and human services professionals.¹⁸ To remedy this challenging situation, LAPD created the Homeless Outreach and Proactive Engagement (HOPE) program—a collaboration that includes a range of state, federal, and local partners and aims to support homeless people and the communities where they abide.

17 "Los Angeles' Skid Row," Los Angeles Area Chamber of Commerce, available at http://www.lachamber.com/clientuploads/LUCH_committee/102208_Homeless_brochure.pdf (accessed on January 24, 2017); Michael Martinez and Alexandra Meeks, "Take A Stroll through America's Skid Row, in Downtown Los Angeles," CNN, March 3, 2015, available at <http://www.cnn.com/2015/03/03/us/americas-skid-row-los-angeles/> (accessed on January 24, 2017); and "The Breakthrough: Catalyzing Policing & Human Services," Panel Discussion at The 2016 Health & Human Services Summit at Harvard University in Cambridge, MA, on October 15, 2016. Dr. Antonio Oftelie, the Executive Director of Leadership for a Networked World, introduced the four panelists: Seattle Police Department Sergeant Dan Nelson; Los Angeles Police Department Commander Todd Chamberlain; Dr. James Barrett, the Director of School-Based Programs in the Division of Child and Adolescent Psychiatry at the Cambridge Health Alliance; and Bryan Stirling, the Director of the South Carolina Department of Corrections. Hereafter cited as "The Breakthrough." Unless noted, the data in this section comes from this panel discussion.

18 Steven Sharp, "Gentrification on Skid Row? We Should Be So Lucky," *Los Angeles Times*, August 25, 2016, available at <http://www.latimes.com/opinion/livable-city/la-ol-skid-row-homeless-gentrification-housing-20160825-snap-story.html> (accessed on January 24, 2017); Steve Lopez, "Finally, A Smart Approach To Helping L.A.'s Homeless," *Los Angeles Times*, January 16, 2016, available at <http://www.latimes.com/local/california/la-me-017-lopez-skid-row-20160117-column.html> (accessed on January 24, 2017); and "The Breakthrough."

The experience of LAPD and the creation of the HOPE project embody one of the themes from **The 2016 Health and Human Services Summit**: it is imperative to build ecosystems that bridge organizational, jurisdictional, and disciplinary divides. A case in point is the complex interplay between health, human services, and public safety. Societal issues such as lack of economic opportunities, poor education, disenfranchisement, and mental health issues can influence public safety, and frequently citizens in need of social services must engage with police and the criminal justice system. Without adequate resources, training, and information sharing, this can create problems and misunderstandings. However, opportunities for impact multiply when community leaders are able to break down silos, develop innovative partnerships, and work together in new ways. As LNW Executive Director Antonio Oftelie observed, “There are dramatically new levels of outcomes we can get from cross-boundary collaboration.”



“When the policy was built, when the HOPE teams were built, again, it was based on compassion. And that’s really how it was structured and that’s how it was framed and that’s how it was put out.”

– Commander Todd Chamberlain
Los Angeles Police Department

With hopes of realizing these opportunities, this year’s Summit featured a panel discussion with four leaders who have built innovative partnerships involving health and human services and public safety organizations.

- In the Seattle Police Department (SPD), Sergeant Dan Nelson has helped to lead a Crisis Intervention Committee (CIC) that has brought together health and human services and public safety stakeholders “to reduce recidivistic behavior among community members who are struggling with mental illness, substance abuse, and co-occurring disorders.”
- In the Los Angeles Police Department (LAPD), Commander Todd Chamberlain has spearheaded the HOPE program—an interjurisdictional and inter-agency initiative that has contributed to a decrease in crime and homelessness in some of the city’s most troubled neighborhoods.
- In Cambridge, Massachusetts, Dr. James Barrett, the Director of School-Based Programs in the Division of Child and Adolescent Psychiatry at the Cambridge Health Alliance, has forged a partnership with local police, mental health providers, and school and afterschool officials to create the “Safety Net Collaborative.” The initiative aims to steer youth away from the juvenile justice system by offering “coordinated prevention, intervention, and diversion services for Cambridge youth and families.”¹⁹
- Bryan Stirling, Director of the South Carolina Department of Corrections, has partnered with a range of state agencies and challenged and transformed his staff to improve mental health services, job placement support, and transition assistance for South Carolina’s prison population.

This section synthesizes five important takeaways from the panel for health and human services and public safety officials hoping to collaborate.

Sustainable Relationships Depend On Trust And Frequent Communication

To increase the likelihood that a partnership endures, it is important to identify and reinforce shared interests and establish trust. In Seattle, Sergeant Nelson was initially able to build a broad coalition to participate in the CIC; over time, however, enthusiasm waned. “People were like, ‘Ah, you guys have got it,’” recalled Nelson, who explained that some partners felt that SPD was well positioned to spearhead the initiative once it started to generate results. Nelson has therefore communicated to the CIC’s members that it is imperative that they continue attending meetings and rededicate themselves to the initiative. Regardless of attendance, Sergeant Nelson continues to include everyone

¹⁹ “Safety Net Collaborative,” City of Cambridge, 2017, available at <http://www.cambridgema.gov/cpd/communityresources/safetynetcollaborative> (accessed on January 11, 2017).

involved with the CIC on all developments, policy considerations, training reviews, and other topics related to the work of providing a seamless system of care for those in crisis.

Commander Chamberlain faced a different challenge when building the relationships that underpin the HOPE initiative in Los Angeles. One of the key partners for the program is the Los Angeles Housing Services Authority (LAHSA), an agency which, as Chamberlain explained, has staff members who used to be homeless and in some cases committed crimes and developed a poor impression of LAPD. LAPD has therefore gone to great lengths to build trust with LAHSA. “It took a lot of time to build that relationship,” Chamberlain said. “It took a lot of time to break down barriers. It took a lot of time to establish what our goals are and how we need to get there together.”

The implication is that successful partnerships require a foundation of trust and that the bonds and commitment that undergird them must be repeatedly renewed.

Build A Nimble Governance Structure Around Common Values

Another takeaway is that partnerships between health and human services and public safety organizations benefit from having governance structures that allow for input from a wide range of stakeholders while still enabling nimble decision making. In Seattle, the CIC had approximately 90 members, a format that allowed dozens of interests to provide input. At the same time, the CIC has small workgroups that can synthesize feedback and expedite decision-making for specific topics. LAPD employed a similarly flexible approach in developing a policy framework for the HOPE initiative. Notably, the framework does not include a lengthy set of rules or bylaws; instead, it describes the compassionate philosophy that LAPD and its partner organizations want to employ. This emphasis on philosophical norms—rather than, as Chamberlain said, a more “mechanical” set of rules—stems in part from the partners’ desire to preserve the ability to modify the specifics of their approach as the partnership develops.

Share A Data-Driven Toolkit

Successful partnerships between health and human services and public safety also benefit from both groups sharing their evaluative systems so that they can develop a analytics toolkit for data-driven decision making to effect change. To measure the progress of the HOPE initiative, Commander Chamberlain has introduced a range of stakeholders to a modified version of CompStat, one of the most prevalent crime-tracking tools in law enforcement.²⁰ Similarly, in Cambridge, Dr. Barrett and his colleagues have equipped the police department with a case management tool—a technique that is widely used in health and human services—that helps them to assess outcomes for participants in the Safety Net Collaborative. This suggests another valuable guideline for law enforcement and health and human services organizations seeking to build enduring relationships: by becoming conversant in one another’s tools and data, it becomes easier to work together and generate results.

Stories Illuminate the Need for Change

To establish impactful partnerships, health and human services and public safety leaders must be able to inspire people and paint a vision of how breaking from the status quo and collaborating can be beneficial. Narrative-driven storytelling is an ideal way to achieve this. A case in point is that Stirling described how upon taking over the South



“If you’re not opening the doors to working with public safety, somehow you close that door. And so we have to figure out what may be in our own health and human services systems that might be preventing more collaboration as a whole.”

– Dr. Antonio Oftelie
Executive Director
Leadership for a Networked World

20 For additional background on CompStat, see Raymond Dussault, “Jack Maple: Betting on Intelligence,” *Government Technology*, March 31, 1999, available at <http://www.govtech.com/magazines/gt/Jack-Maple-Betting-on-Intelligence.html> (accessed on January 11, 2017).

Carolina Department of Corrections in 2013, he inherited an agency with significant problems, including a ten-year-old lawsuit.²¹ He therefore started seeking feedback from staff, reaching out to other agencies, and looking for ways to shift the department's approach and mindset. These perspectives helped to inform Stirling's narrative about the need for change. What's more, within that overarching narrative, Stirling has skillfully positioned stories that illuminate the benefits of reform. Take, for instance, his description of the plight of one inmate who to the dismay of department officials, would not complete a job application. Staff assumed that the prisoner was illiterate. However, following a medical evaluation, they finally realized that he could not see the application. Corrections officials therefore gave the inmate a pair of glasses. As Stirling observed, "There are sometimes simple solutions to hard problems."

Seek Alternative Funding Sources To Demonstrate Value

Another integral aspect of cross-agency partnerships is financing. Unfortunately, finding funding is challenging. Budgets are often spread thin, and for fiscal officers, the prospect of funding a new initiative—particularly one that involves sharing resources with another agency—is a tough sell. The panelists suggested that one way to overcome this problem is initially pursuing alternative funding streams that will help to validate a novel approach. Dr. Barrett—who, as a mental health professional, must adhere to rigid billing requirements—obtained a small grant from the Bureau of Justice so that he could spend some of his time at the Cambridge Police Department and launch the Safety Net Collaborative. Once he and his partners demonstrated the impact of their work, they convinced the city to provide additional funding to extend the program. Similarly, Sergeant Nelson and the Seattle Police Department obtained a fellowship team from Code for America to help develop a data-sharing application.²² The lesson is that local officials cannot take an initial rejection from budget officers as a definitive verdict. They need to figure out how to seed their projects and prove their worth.

Conclusion

Most broadly, the panelists pointed to the need to combine a sense of urgency with a willingness to examine a problem with a fresh perspective. In this vein, Stirling memorably recounted how he often expresses skepticism when someone protests a change. "People say, 'We can't afford to do that,'" he noted, "and my question is, 'How can we afford *not* to do that?'" Health and human services and public safety leaders should be asking themselves and one another the same question as they weigh opportunities to collaborate and work together to scale the Human Services Value Curve.



"Our hope is that the structure that we built for collaboration and the processes that we've used can hopefully be taken by other departments nationally."

– Dr. James Barrett
Director, School-Based Programs, Division of
Child and Adolescent Psychiatry
Cambridge Health Alliance

21 In addition, two months after Stirling was appointed, a state judge issued a 46-page judgment that was heavily critical of the Department's treatment of the mentally ill. Personal communication with Bryan Stirling, Director, South Carolina Department of Corrections, via e-mail, on January 26, 2017.

22 As Nelson noted, two of the participants in the fellowship went on to build "RideAlong Response," an app that "focuses on improving interactions between patrol officers and residents with mental health issues whom the police frequently contact." Personal communication with Sergeant Dan Nelson, Seattle Police Department, via e-mail, on January 26, 2017. For additional details about RideAlong Response, see "RideAlong," available at <http://www.getridealong.com> (accessed on February 3, 2017).



Achieving Data Sharing in Allegheny and Montgomery Counties

As we move deeper into a digital world, health and human services leaders have more and more data at their fingertips. When this data can be shared across agencies in real-time and is structured in a user-friendly, objective, and informative way, it can play a critical role in seeding breakthrough innovations. In particular, health and human services leaders can identify new opportunities to improve the client experience, reduce costs, enable population health management, enhance care, provide greater equity, and focus on interventions for clients who touch multiple health and human services systems.

However, sharing data and applying predictive analytics comes with challenges. Leaders must establish governance structures; incorporate new technologies; and navigate a maze of legislation, regulations, and relationships at different levels of government. They also have to ensure that they have fiscal support, manage cultural change, and assuage concerns about and protect against encroachments on privacy.²³

To help leaders navigate this challenging process, *The 2016 Health and Human Services Summit* featured a session that spotlighted two agencies that have made dramatic progress in leveraging data sharing and predictive analytics. In the Allegheny County (PA) Department of Human Services, Marc Cherna has led a 20-year effort to create an integrated data system and use predictive analytics to improve decision making and practice. Similarly, in the Montgomery County (MD) Department of Health and Human Services, Uma Ahluwalia has spearheaded an initiative to create an integrated case management system while addressing questions about confidentiality laws and regulations. This section details these organizations' efforts to leverage data and analytics and identifies valuable takeaways for other leaders hoping to replicate their progress.

23 Interview by Lauren Hirshon and Antonio Otelie, *Leadership for a Networked World*, with Marc Cherna, Director, Allegheny County Department of Human Services, and Uma Ahluwalia, Director, Montgomery County Department of Health and Human Services, by telephone, August 2, 2016; and personal communication via email between Hirshon, Otelie, and Ahluwalia in August 2016.

The Allegheny County Experience

In 1997, when Marc Cherna became the Director of the Allegheny County Department of Human Services (DHS), he took on a situation that was both extremely challenging and ripe with opportunity.²⁴ The prior year, in response to the community's desire to modernize and streamline county government, and amid concerns over the quality of its human services offerings, county officials had decided to merge several formerly discrete departments and create DHS. Thus, Cherna faced the challenge of leading a brand-new mega department. As daunting as that was, he saw the opportunity to create an agency that combined integrated services, data, and predictive analytics to reach the highest levels of the Human Services Value Curve. "Creating this synergy from scratch," Cherna said, "was a tremendous opportunity."

Cherna began by creating a foundation for reform. This included engaging in a community-driven process that established a vision for an "integrated human services system" with a focus on the utilization of cutting-edge technologies. He recruited staff with diverse perspectives and skill sets to help the agency realize this vision, and sought input from local residents and other stakeholders about what the agency should prioritize. This was critical, Cherna emphasized, because it helped DHS to gauge public sentiment and served as a reminder that "we work for and are responsible to the people we serve."

With this foundation in place, Cherna and his staff began to initiate reform. An early priority was creating a data warehouse that would integrate DHS data; the vision was to add data sets from as wide a range of related people-serving systems as possible. To accomplish this, Cherna sought advice from the head of the Greater Pittsburgh Chamber of Commerce, who was part of a "kitchen cabinet" of advisors that he had recruited. That official connected Cherna with a team of Chief Information Officers from local financial firms who, on a pro bono basis, helped DHS write a Request for Proposals for the data warehouse. In part because of the way in which the community had been involved in creating the vision, local foundations provided extensive financial support for the creation of the data warehouse. What's more, the community's stake in the data warehouse made diverse stakeholders—including universities and health and human services providers—enthusiastic about sharing data. "It's a community asset, paid for by the community," Cherna explained, "so everybody gets to benefit from it."

DHS next focused on developing technologies that could help them to leverage the integrated data. This included establishing "a 360-degree client" view, developing a coordinated intake mechanism, and moving toward a more-uniform Information Technology (IT) system for case management. Building systems to enhance decision making was another critical part of the reform because, while other innovations provide valuable data, there is no guarantee that staff will know how to interpret that information to improve decision-making. By contrast, as Erin Dalton, Deputy Director for the Office of Data Analysis, Research and Evaluation, explained, "Predictive analytics can provide a score, which analyzes and summarizes data in a way that is easier for the workforce to interpret."

DHS issued a competitive solicitation to enhance the delivery of services to its clients by using data to improve decision making, and received proposals from around the country and around the world. A group led by a Principal Investigator from Auckland University of Technology, partnering with the University of Southern California, was selected. This research partnership stood out because of their prior implementation experience (actually delivering a model



"We're literally turning peoples' values and practice beliefs on [their] heads with this. It's going to be huge for us. And no system implementation is ever painless, so we're quite anxious about this, but we've been working on change management. It's the hardest thing to do sometimes for government."

– Uma Ahluwalia
Director, Montgomery County Department of
Health and Human Services

24 Unless noted, the data in this sub-section comes from "The Allegheny County Experience," Presentation by Marc Cherna, Director, Allegheny County Department of Human Services, at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA, on October 16, 2016.

to the field) and because of their shared interest, with DHS, in the ethics of predictive modeling. The research team supported Allegheny County's efforts to improve child welfare front-line decision making by modeling the likelihood of an adverse event in the two years following a child welfare referral. Historic data showed there was room for improvement: an analysis revealed that DHS was screening out 27 percent of the highest-risk cases and screening in 48 percent of the lowest-risk cases.

Last August, DHS implemented a predictive analytics tool that uses information collected by DHS and other partners to inform screening decisions. A *Family Screening Score* is calculated by integrating and analyzing hundreds of data elements on each person related to the referral: it predicts the long-term likelihood of re-referral, if the referral is screened out without an investigation; or home removal, if the referral is screened in for investigation. With the exception of a mandatory screen-in threshold (which requires that the referral be investigated), the score provides additional information to assist in call screening decisions and is not intended to replace clinical judgement or to be used in making investigative or other child welfare decisions.

Independent process and impact evaluations of the predictive analytics tool are underway. Yet while it is too soon to know the tool's impact, it has reinforced a 20-year trend in which Cherna and his staff have pushed boundaries and sought to leverage technology to help people in need. To that end, they are exploring the possibility of creating an analytics tool to prevent child abuse and neglect. More broadly, they are adhering to a mantra that Cherna has embraced since the start of his tenure. "You've got to really get out there and not be afraid," he said. "Do the right thing, and the rest kind of takes care of itself."



"You've got to really get out there and not be afraid. Do the right thing, and the rest kind of takes care of itself."

– Marc Cherna
Director, Allegheny County Department of
Human Services

Montgomery County Department of Health and Human Services: Confidentiality in a Multi-Service Agency

In 2007, when Uma Ahluwalia became the Director of the Montgomery County Department of Health and Human Services (DHHS), she, too, faced the challenge and opportunity of leading an organization in transition.²⁵

For DHHS, the journey of reinvention and modernization had begun in 1994 when four departments had been merged into a single agency (DHHS) with the objective of producing "integrated, coordinated, and comprehensive service delivery." Prior to Ahluwalia's arrival, the different departments had formally integrated, collocated their services, and created a single administrative structure. Nonetheless, DHHS had not made significant headway on coordinating treatments and services. This was a problem, Ahluwalia explained, because many of DHHS's programs served the same clients but were not in dialogue about how best to support them.

Early in her tenure, Ahluwalia therefore strove to produce more effective coordination across DHHS's programs. This included establishing a uniform intake form for all services, which created a "no wrong door approach" and made it easier to determine if a client requires multiple services. DHHS also launched a single client database and record. This has helped to create more detailed information about who the department is serving and "promoted information sharing for service integration."

²⁵ Unless noted, the data in this sub-section comes from "Montgomery County DHHS: Confidentiality in a Multi-Service Agency," Presentation by Uma Ahluwalia, Director, Montgomery County Department of Health and Human Services, at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA, on October 16, 2016.

Still, the most important of these coordination efforts involved clarifying DHHS's standing under the Health Insurance Portability and Accountability Act (HIPAA), a 1996 law that established "national standards to protect individuals' medical records and other personal health information...."²⁶

This was critical because, if cross-agency information sharing violated HIPAA, different programs would not be able to share data and coordinate their efforts. After an extensive legal analysis, DHHS determined that the entire agency was covered by HIPAA. This meant that even social service and income support programs could share information with one another. What's more, DHHS has established an extensive infrastructure and trainings to ensure compliance with all privacy and confidentiality regulations. This includes a six-week annual workshop in which DHHS brings together officials from different disciplines, who are accustomed to not sharing data (often because of industry standards and norms), and emphasizes the benefits of collaboration.

Since laying this foundation and enhancing coordination, DHHS has continued to leverage technology to fulfill its vision of creating an "integrated and interoperable HHS enterprise." This includes creating an electronic content management system; electronic health records; and, most importantly, an electronic integrated case management system, which was launched in late January 2017. The hope is that this can help DHHS improve efficiency and outcomes, particularly for the 20 percent of cases that account for 80 percent of agency resources. "They're a finite set of tools that we're going to offer up to our staff," said Ahluwalia, "but those tools are going to be very powerful, and we're hopeful that [they] will change the way we do our work."

With DHHS having just launched the integrated case management tool, it is too soon to quantify its impact. Nonetheless, ten years into her tenure, Ahluwalia can point to critical takeaways from the reform process. These include the importance of training, understanding confidentiality laws, and "asking the right questions." Above all, she emphasizes taking an incremental approach to reform. "Start small and resolve issues," she said. "Then expand." This is a helpful reminder that scaling the Human Services Value Curve is a multi-decade progress, but if an organization sustains its vision, learns, and grows, it can make dramatic progress, just as DHHS has.

Lessons Learned for Scaling the Human Services Value Curve

- **Time Your Push:** Both leaders recognized that taking over an organization in transition created an opportunity to develop and advance a vision for leveraging data and analytics.
- **Build A Kitchen Cabinet:** Early in his tenure, Cherna developed relationships with powerful local leaders, who served as a sounding board and helped the agency to achieve its goals, including developing a data warehouse.
- **Understand Confidentiality:** DHHS determined that the entire agency was a HIPAA-covered entity, which made it easier to share data and move toward an integrated case management system.
- **Stay The Course:** Ahluwalia and Cherna have been at their organizations for 10 and 20 years, respectively, and are still working toward their goals. Progressing along the Human Services Value Curve takes time, but steady devotion to that objective pays dividends.

²⁶ "The HIPAA Privacy Rule," U.S. Department of Health and Human Services, available at <https://www.hhs.gov/hipaa/for-professionals/privacy/> (accessed on February 8, 2017).



“Sometimes our role as the leader is to define what the problem is and put it in a way that is actionable.”

– Dr. David Ager

Senior Fellow; Senior Director, Harvard Business School



Leadership Lessons from Commissioner Rafael López

In August 2015, when Rafael López was confirmed as the Commissioner of the Administration on Children, Youth and Families (ACYF) at the U.S. Department of Health and Human Services, he faced significant challenges.²⁷ Most importantly, he had to find ways to improve services and outcomes for at-risk youth and families—two extremely vulnerable populations.^{28, 29} Unfortunately, creating the conditions for new outcomes would not be easy. This was in part because many of the underlying federal structures, systems, and processes were in need of an overhaul. When López arrived, ACYF was still heavily dependent on paper-based processes that required hand-written signatures. Complicating matters further, López had an extremely narrow window to effect change. President Barack Obama had nominated López for the post in July 2014, but the Senate did not confirm him until over a year later. This meant that López had less than a year-and-a-half to push for reform before President Obama left office and his term concluded.

In his keynote address at *The 2016 Health and Human Services Summit*, López described the strategies he used to mitigate these challenging conditions. The presentation pointed to five lessons that leaders can employ as they attempt to effect change in similarly difficult environments in large bureaucracies: 1) cultivating talent and engaging

27 "Rafael J. López Confirmed as Commissioner on Children, Youth and Families," Youth Transition Funders Group, August 28, 2015, available at <http://www.ytfg.org/2015/08/rafael-j-lopez-confirmed-as-commissioner-on-children-youth-and-families/> (accessed on December 2, 2016).

28 ACYF consists of the Children's Bureau and the Family & Youth Services Bureau. Together, they "oversee major federal programs that support social services that promote the positive growth and development of children, youth and their families; protective services and shelter for children and youth in at-risk situations; and adoption for children with special needs." "About ACYF," Administration for Children & Families, U.S. Department of Health & Human Services, available at <http://www.acf.hhs.gov/acyf/about> (accessed on December 2, 2016).

29 To cite just two examples of the extraordinary stakes, the proportion of children placed in foster care increased by 5.1 percent from FY 2012 through 2015; what's more, during the same window, the proportion of children who had at least one parent with a drug problem rose from 28.3 percent to 32.2 percent. Keynote Address by Rafael López, Commissioner, Administration on Children, Youth and Families at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA on October 16, 2016. The data in the remainder of this piece comes from this presentation.

people, 2) setting clear priorities, 3) identifying and leveraging a wide array of policy levers, 4) innovating (and failing fast and often), and 5) raising expectations.

Build A High-Performing Team

One of López's first moves as ACYF's administrator was to assemble a strong staff, including his Chief Deputy Administrator, Jenny Wood. As López explained, this focus on recruitment reflected his belief that his success would depend primarily on the people around him. "We have to dispel the notion," he emphasized, "that it's one leader—a secretary, a commissioner, a director—who does any of this work by themselves." López also made a point of reaching out to people within and outside HHS to understand more clearly their perspectives and challenges. From López's point of view, this was a way to strengthen relationships and cultivate "informal authority...[to] bring about... change."

Prioritize, Prioritize, Prioritize

López also pointed to the need for a leader to identify a clear set of priorities that he/she wants to pursue along with his/her team. For instance, upon taking office, López decided to focus significant energy on a key piece of pending federal legislation, the Family First Prevention Services Act.³⁰ He thought this would be a valuable pursuit because, regardless of whether the Senate approves the legislation, highlighting the importance of the bill provided a way to address what López identified as a bigger question: "How do we deliberately build generative outcomes for the kids and families we serve?"

López's decision to focus on this bill provides a window into how a leader can maximize his/her time and impact. First, it is critical to identify the policy matters that he/she considers most important. Second, when possible, it is useful to connect near-term policy focuses to long-term issues. That way, even if one's short-range pursuit is unsuccessful, it will help to advance a bigger debate.

Diversify Your Tactical Toolbox

Once he had set a strategic direction, López leveraged a wide range of mechanisms to change policy. These included developing formal memoranda of understanding (MOUs) to strengthen information sharing, rule changes to improve processes, and shifts in funding mechanisms to incentivize behavioral and programmatic change. For instance, López and his team worked to have the federal government update the rules surrounding the Comprehensive Child Welfare Information System for the first time in 23 years. Or to cite another example, his staff pushed for the collection of data on the well-being of Native American children for the first time since the passage of the Indian Child Welfare Act in 1978. The implication is that leaders need to think about the full range of tools at their disposal, particularly when operating in a bureaucracy that can be resistant to change.

30 The Family First Prevention Services Act of 2016 aims to "strengthen families by providing evidence-based services to keep children out of foster care and reduce inappropriate group home placements." In particular, it would provide federal funding for up to a year of services—including "mental health services; substance abuse services; and in-home parent 'skill-based' programs"—to "reduce unnecessary foster care placements." "Family First Prevention Services Act of 2016," United States House of Representatives, available at <https://waysandmeans.house.gov/wp-content/uploads/2016/06/Family-First-Prevention-Services-Act-Summary-061016.pdf> (accessed on January 23, 2017).

Innovate, Fail and Learn, and Repeat

In part because he was operating in such an antiquated system, López pushed for innovation, particularly through better use of technology. A case in point is that López and his team held the first-ever White House Foster Care and Technology hackathon. In the course of just 48 hours, the group built seven applications and products that could be used to respond to challenges the agency and its partners were experiencing. The success of the event contributed to a broader narrative that López is attempting to advance about the capacity of public agencies to innovate. “The idea,” he explained, “[is]... what if we expected in our work the kind of rapid prototyping [and] agile development that we see constantly across other sectors? What if that was the expectation of our work, that we all expected that kind of quick way to look at things?”

A corollary of this focus on experimentation is that projects will sometimes fail, but as López also emphasized, trying new things—even if they do not succeed—is integral to learning. “We can ideate and ideate and iterate and fail and do it again faster,” López said, “such that [we’ve] made the initial investment [worthwhile].”

“Believe in the People You Serve”

Finally, López drew out the importance of raising expectations for both the health and human services bureaucracy and the people it serves. He emphasized that it is not enough to complain about the shortcomings and outdated tendencies of the system; it is also imperative to strive to effect change. “We are complicit,” López said, “in accepting this kind of system.” López also argued that health and human services officials—and government leaders in general—must raise their expectations for the people that they serve. Citing his own experience as the son of an immigrant and the first person in his family to graduate from college, López said, “You have to believe in the people you serve and love them, not just as obscure data points, but as people who are filled with extraordinary power.”

Conclusion

In sum, López’s story of his time at ACYF provides a roadmap for leaders trying to effect change in a large bureaucracy. To maximize finite time and resources, they must assemble a talented staff and build relationships, set priorities and use diverse techniques to achieve them, innovate, and remain optimistic. By employing these techniques, leaders can eventually effect positive change and improve the lives of millions of people for generations to come. To reinforce the latter point, López cited his boss, President Barack Obama, who said:

When your journey seems too hard and when you run into a course of cynics who tell you you’re being foolish to keep believing or that you should just give up or that you should just settle, you might say to yourself something I found in handy the last eight years: ‘Yes, we can.’



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

– Rafael López
Commissioner, Administration on Children, Youth
and Families, U.S. Department of Health and
Human Services



Recommendations for the U.S. Department of Health and Human Services

Following a presentation by Rafael López, Commissioner of the Administration on Children, Youth and Families at the U.S. Department of Health & Human Services (HHS), Summit attendees broke into small groups to identify priorities that HHS should pursue.³¹ In particular, they focused on priorities for HHS in the last 90 days of the Obama Administration, in the first 100 days of the next administration, and over the next four years. The section below identifies the key recommendations for each of those time periods.

The Next 90 Days

- Extend the A-87 cost allocation exception or make it permanent.³² This exception is at the heart of modernizing state information systems to ensure data is shared wisely and resources are maximized. Also, through technical assistance, enable smart business processes that assure effective use of the 90/10 matching funds for the “modernization of Medicaid eligibility and enrollment systems” and the A-87 cost allocations.³³

31 All of the recommendations in this section are based on insights from attendees at the 2016 Human Services Summit. Attendees developed their suggestions in small group discussions, which were then synthesized by one presenter from each group in a presentation to all Summit attendees. Unless noted, this section draws on those presentations.

32 The A-87 cost allocation exception is “a time-limited policy that allows human services programs to share a broad range of business and technology components with Medicaid at no additional cost, except for those elements specifically required by other programs.” For additional details, see “A-87 Cost Allocation Exception: Summary from the APHSA A-87 Exception Toolkit for Human Service Agencies,” American Public Human Services Association, available at <https://www.cgi.com/sites/default/files/pdf/aphsa-a87-factsheet.pdf> (accessed on January 17, 2017).

33 “Frequently Asked Questions,” Medicaid, available at <https://questions.medicaid.gov/faq.php?id=5010&faqId=9378> (accessed on January 23, 2017).

- “Create a portal or some kind of sharing mechanism for...innovative ideas that are coming from states.” Also, include contact information for the people who are leading these efforts. That way, leaders from around the country can learn about cutting-edge approaches and reach out to the people who are spearheading them.
- Ensure “access to the federal data services hub by all human service programs, not just the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).” As part of this, “child welfare agencies should have access to paid claims data in Medicaid.”
- Publish the results of demonstration grants and distill from the detailed findings the most important lessons learned. (This could happen now or in the first 100 days of the next administration.)

The First 100 Days

- Place a marker down for Congressional action within the next year to modernize the nation’s child welfare system by aligning the financing with what works best for children and families. The fact there are more than 30 waivers under way is indicative of the flawed system, and it is incumbent upon us to fix it by making those waivers the way we do business, not the exception.³⁴
- Change the funding model for the federal Request for Proposals (RFP) for Information Technology (IT) support. The current RFP is based on an antiquated approach to software procurement where there is an initial capital expense, followed by a period when there is an operational expense of 10 to 20 percent. According to Summit attendees, IT systems are moving toward a model where the expense is steady over time (i.e., software as a service). The RFP should therefore be adjusted to reflect that model.
- Expedite the approval of Advance Planning Documents and Implementation Advance Planning Documents.³⁵
- “Don’t let the perfect be the enemy of the good,” and have teams at the federal level formally commit (i.e., reach an agreement in writing) to work together.
- Bring together the major federal agencies (e.g., the Department of Education, the Justice Department, Department of Labor, Housing and Urban Development (HUD), and HHS) “to define in some concrete ways a desired federal health and human services policy and funding platform.”
- Provide “very specific guidance on practices to support youth who are aging out of foster care systems so that [states and localities] are planning for their housing, stability, and services and not sending them to the homeless system.”

The Next Four Years

- Modify federal kinship requirements for kinship foster care. Specifically, the foster care system should treat family members like they are a family, not people who are unrelated.
- Provide 90/10 matching funding for the Comprehensive Child Welfare Information System and job support.
- Do not implement and maintain policies and funding schemes that have the effect of preventing families from moving to greater economic stability and self-sufficiency. For example, “do not count Pell Grants or disregard certain income in benefit situations.” Similarly, “do not reduce the TANF grant when the child is removed from the household.”

34 The HHS Secretary currently has the “authority to...waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs.” “Overview,” Section 1115 Demonstrations, Medicaid, available at <https://www.medicaid.gov/medicaid/section-1115-demo/index.html> (accessed on January 16, 2017).


35 Advance Planning Documents are intended to “describe in broad terms the State’s plan for managing the design, development, implementation, and operation of a system that meets Federal, State, and user needs in an efficient, comprehensive, and cost-effective manner; establish system and program performance goals in terms of projected costs and benefits; [and] secure Federal financial participation (FFP) for the State.” “State Systems APD Guide,” Administration for Children and Families and Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, October 2010, p. 6, available at https://www.acf.hhs.gov/sites/default/files/ocse/apd_guide_2.pdf (accessed on January 16, 2017).



- Using alternative financing mechanisms, build accountability and flexibility across the array of human services supports. What's more, do this through an "equity lens" so that it starts "break[ing] through some of the chronic social inequities that [the country is] experiencing."
- "Combin[e] the Runaway and Homeless Youth Act funds with HUD Homeless Assistance grants."
- Clarify for states payment priorities across systems like Medicaid and child welfare to make smart use of resources and assure that the dollars are benefiting children and families, not programs.

Conclusion

In addition to pursuing these specific policy priorities, attendees recognized the importance of infusing into the entire reform process the insights and underlying tenets from the Human Services Value Curve. That way, far-reaching and innovative change will not be limited to specific departments, states, or localities but instead can begin to permeate the entire country.

A man with short brown hair and glasses, wearing a dark suit, white shirt, and red patterned tie, is speaking. He is looking slightly to the right of the camera. The background is a blurred indoor setting with warm lighting.

“Tell me a story and then wrap the story in data. Driving a transformation is not about looking at charts and graphs and acting purely on the data. It’s about understanding the story, so that when you’re going to your constituents, to your staff, to your community, you are talking about how you can have an impact. Tell the story.”

– Ryan Oakes

Managing Director, Health and Human Services Lead, North America, Accenture



Apotti: A Vision for Integrated Health and Human Services in Finland

In 2011, Finland’s healthcare and social services leaders faced an extremely challenging set of circumstances.³⁶ To begin with, there were a number of troubling trends—including the aging of the Finnish population and an increase in the prevalence of chronic diseases—that portended a surge in demand for their services. At the same time, providers were dealing with increasingly complex cases—a difficulty that stemmed from the numerous clients and patients who had multiple conditions and were oscillating between the health and social services systems.

Unfortunately, the country’s healthcare and social services providers were ill-prepared to respond. This was in part because Finland remained heavily dependent on rudimentary technology. In particular, the country employed electronic medical records systems that allowed for basic data entry but did not permit more sophisticated data processing and analysis. As a result, practitioners spent a great deal of time trying to document patients’ conditions and their histories, rather than treating them directly. Further complicating matters, there was minimal integration between the country’s healthcare and social services systems. Consequently, it was difficult to identify and provide a coordinated response to the most complicated cases. Simply put, Finnish officials lacked the technological and organizational sophistication to adapt to an increasingly ominous landscape.

Amid this difficult environment, healthcare and social services providers in Finland’s capital region came together to shift the tide. Specifically, leaders from Helsinki (Finland’s capital)—with financial support from the Helsinki and Uusimaa Hospital District (HUS) and the cities of Vantaa, Kirkkonummi, and Kauniainen—created a reform program called Apotti. By June 2015, Apotti would evolve into Oy Apotti Ab, a company that aimed to build capabilities that would enable it to extend its services to cover a wider scope in the future. However, its initial focus was local: the program would establish an integrated patient and client data system for healthcare and social services providers

36 “Social services” in Finland are analogous to “human services” in the United States. Hannu Välimäki, A Vision for Integrated Health and Human Services in Finland, Presentation at the 2016 Health and Human Services Summit at Harvard University in Cambridge, MA on October 16, 2016. Hereafter cited as Välimäki presentation. Unless noted, the data in the remainder of this case comes from this presentation and a personal communication with Välimäki via e-mail on January 23, 2017.

in HUS and the four participating cities.³⁷ “Our promise,” explained Hannu Välimäki, Oy Apotti Ab’s Managing Director, “is a service which releases time for people.”

Apotti had the potential to help the participating organizations reach the integrative stage of the Human Services Value Curve. Nonetheless, to get there, they would have to traverse a difficult path marked by a number of challenging dilemmas. Could they develop a shared vision for a diverse group of stakeholders? Could they craft an organizational structure that illuminated a wide array of perspectives but still allowed for nimble decision making? What goals should they prioritize, and how should they design a software system and identify private sector partners to help them achieve those objectives? How would they justify the expense to the public? Simply put, could they make their vision a reality?

Background

Located in northern Europe and roughly the size of Arizona, Finland has a strong reputation for providing innovative and expansive social and healthcare services and producing excellent results. Among other innovations, the government is famous for offering expectant mothers a “Finnish Baby Box.” The box—which doubles as a baby’s first crib and contains toys, clothes, and sheets—is a key reason that Finland has one of the lowest infant mortality rates in the world.³⁸ More broadly, the country is known for guaranteeing “social welfare and health services...as a basic and fundamental right of the whole population.”³⁹ In part because of this broad support structure, Finland has a life expectancy of 81 years, one year higher than the average for countries belonging to the Organization for Economic Cooperation and Development.

May 2012-August 2013: Building A Team and An Effective Governance Structure

After formally launching the Apotti program in May 2012, Välimäki and his team focused on creating a shared vision—and, more broadly, fostering a common culture and understanding—for their endeavor. Developing this synergy was critical because Apotti brought together stakeholders from a wide array of backgrounds. For example, Välimäki was an IT professional, who had spent most of his career in the private sector; however, he would now be leading an initiative involving multiple public sector organizations. Similarly, the program involved leaders from different localities and providers from the healthcare and social services sectors, which, as noted earlier, had little coordination. At first blush, the divisions and disparities appeared stark.

Thus, Välimäki took steps to ensure that different stakeholders understood and embraced one another’s approach. To cite one example, healthcare professionals referred to the people they were treating as “patients,” whereas social services officials used the term “clients.” Välimäki emphasized that both identifiers were appropriate because they were now united by the common mission of improving the lives of the 1.6 million citizens they were serving. “We always need to talk about clients and patients,” Välimäki emphasized, “because we are now integrating the social care and healthcare system. That is very, very important.”



“We will adopt the world’s first information system that helps us to integrate social and healthcare services. For professionals, it is a tool of the future for serving clients and patients; for citizens, it supports self-care and better life management.”

– Hannu Välimäki,
Managing Director, Oy Apotti Ab

37 Välimäki presentation; “About HUS,” The Hospital District of Helsinki and Uusimaa, available at <http://www.hus.fi/en/about-hus/Pages/default.aspx> (accessed on December 27, 2016); and “Oy Apotti Ab,” 2016, available at <http://www.apotti.fi/en/oy-apotti-ab-2/> (accessed on December 27, 2016).

38 Helena Lee, “Why Finnish Babies Sleep In Cardboard Boxes,” *BBC*, June 4, 2013, available at <http://www.bbc.com/news/magazine-22751415> (accessed on December 27, 2016).

39 “Social and Health Services,” Local Finland, 2016, available at <http://www.localfinland.fi/en/authorities/social-and-health-services/Pages/default.aspx> (accessed on December 27, 2016).

Välimäki complemented this shared vision with a staffing model and governance structure that allowed the team to draw on a wide array of opinions while still making quick, nimble decisions. Specifically, Välimäki hired 65 Apotti associates, who came from a wide variety of backgrounds (e.g., nurses, physicians, and social workers) and were therefore able to provide a “broad understanding of the workflows and strategies in their respective departments.” He also encouraged his associates to remain in close contact with 650 “subject matter experts” in the healthcare and social services systems. These experts were situated on the ground in their respective organizations but were also positioned to make observations and provide input on Apotti’s decisions for system design and implementation. Thus, senior-most officials were able to remain in touch with and learn from personnel on the frontlines of the reform effort while still maintaining a lean hierarchy so that they could move swiftly through the reform process.

This approach is telling for other agencies hoping to scale the Human Services Value Curve. Rather than immediately jumping to technological change and data-driven reform, Välimäki ensured that Apotti had a cohesive team and strong structure. In other words, he laid a human and institutional foundation for innovation.

September 2013-April 2016: System Design, Procurement, and Pushback

In fall 2013, Välimäki and his team shifted their focus to defining the core objectives for the program and designing a system and identifying a vendor, Accenture, that could help them to achieve those aims. Following an extensive internal dialogue, they decided to prioritize six goals: 1) establishing “customer-centric operations”; 2) ensuring “uniform processes and procedures”; 3) maintaining “cost-efficient and high-quality operations”; 4) leveraging “knowledge-based management” and utilizing information; 5) maximizing “user satisfaction”; and 6) employing “new and innovative methods of operation.”

To realize these objectives, Välimäki and his team felt that it was critical for the new information management system to have several core characteristics. One was that the program would function as an ecosystem that combined shared functionalities (e.g., scheduling) across social services and health care. This functional integration, as Välimäki explained, was critical to break down the silos separating the social services and healthcare systems. Another feature would be a series of applications that allowed users to connect easily with providers; there would also be a single login or authentication method for clients and patients, further augmenting Apotti’s customer-centricity. Finally, they would create a data portal to which all stakeholders would have access and through which providers could make use of structured data to serve clients and patients more effectively. Much like the organization itself, the Apotti program would have to be integrated, accessible, and able to synthesize diverse data quickly to facilitate nimble decision-making.

In April 2016, after a competitive Request for Proposals process, Apotti awarded the contract for building the system to Epic, a U.S.-based software company that impressed with its vision, programs, experience, and price.⁴⁰ Nonetheless, Välimäki and his team had to overcome pushback before finalizing the contract and moving forward. The resistance included legal challenges in Finland’s Market Court, which, Välimäki said, stemmed in part from current vendors attempting to protect the status quo. Välimäki and his team also had to address fears among Finnish citizens about whether a foreign company could keep their data secure; to assuage peoples’ fears, Apotti emphasized that the data would be stored domestically. Finally, some questioned the accuracy of Apotti’s cost-benefit analysis, which anticipated that the 575 million Euro project would pay itself back within seven years.⁴¹ Apotti officials therefore presented extensive projections showing the anticipated benefits of saving time for providers, leveraging data, and ensuring more integrated care.

40 “American Software Developer To Supply Patient Data System,” *Helsinki Times*, August 18, 2015, available at <http://www.helsinkitimes.fi/finland/finland-news/domestic/13497-american-software-developer-to-supply-patient-data-system.html> (accessed on December 27, 2016); and “Epic Project Integrates Social and Health Care,” Epic, July 25, 2016, available at <https://www.epic.com/epic/post/2118> (accessed on December 27, 2016).

41 “What Is Apotti?” Apotti, available at <http://www.apotti.fi/en/what-is-apotti/> (accessed on December 27, 2016); and Jukka Talvio, “How the Apotti Project Will Fail, and How To Save It,” Agile Finland, available at <http://agile.fi/how-apotti-will-fail-and-how-to-save-it/> (accessed on December 27, 2016).

That Apotti officials faced so much pushback is instructive for officials striving to scale the Human Services Value Curve. Change is invariably controversial and likely to prompt criticism from stakeholders that benefit from the status quo. By responding constructively to skeptics, organizations can strengthen the case for reform.

May 2016 and Beyond: Beginning Implementation

By the end of 2016, Apotti had made significant progress. Among other signs of growth, the organization recruited 200 new employees; established a professional network with over 500 leaders; and signed a contract for infrastructure services with another leading vendor, Fujitsu. This gave the company the resources to begin the implementation process, with the first pieces of the system scheduled to go live in November 2018.

Nevertheless, challenges remained. Chief among them was that in January 2019, just a few months after the system would go live, the Finnish government planned to transfer control of health and social services from the country's municipal governments to 18 newly established regional bodies. One of the largest healthcare and social services reforms in Finnish history, the restructuring would elevate the importance of integrating health and social services. However, it also raised the stakes, meaning that Apotti would receive even more scrutiny and that any delays or shortfalls were likely to be magnified.

Thus, as Välimäki and his team pressed ahead with their plans, they confronted both challenges and opportunities—an all-too-common experience for leaders and organizations ascending the Human Services Value Curve. However, they also took comfort in the fact that their product had the potential to improve the lives of millions of people and position Finland at the cutting edge of information management in the healthcare and social services sectors. As Välimäki summarized, “Apotti is a tool of the future.”

Enablers for Ascending the Human Services Value Curve

- **Create A Shared Vision:** Välimäki focused diverse stakeholders on a common mission and ensured that their language and culture reinforced this.
- **Govern Nimbly:** Leveraging 65 Apotti Associates and 650 subject-matter experts, Välimäki built a governance structure that ensured that senior leaders were in tune with practitioners on the frontlines but could still make quick decisions.
- **Harmonize Systems with Vision:** Apotti leaders collaboratively determined their priorities and then identified the system design and private sector partner that could help them to realize their goals.
- **Leverage Criticism:** Apotti responded to public pushback by making their business case stronger, giving them a springboard to begin the implementation process.



Insights from the American Public Human Services Association Leadership Retreat

On Friday, October 14, 2016, leaders from the American Public Human Services Association (APHSA), along with key partners from the social-service non-profit sector, held a Leadership Retreat in advance of the 2016 Human Services Summit. This annual event provides an opportunity for national, state, local, and non-profit leaders to come together and be stewards of the integrative and generative stages they aspire to achieve in their organizations and for the nation.

This year's Leadership Retreat focused on sharpening the collective understanding of enablers and barriers for progression along the Human Services Value Curve. It also provided a venue for considering the converging opportunities in the field, including the evolving ways of framing our work to support a more compelling narrative for policymakers and the public.

The Leadership Retreat set the stage for the weekend Summit by exploring top-of-mind issues. These included how the human services system can impact population health if bridged more effectively with the health system and how to advance family economic stability and overall well-being by linking human services, economic development, education, and healthy childhood development. The discussion also featured a deeper look at system-wide approaches that are focused on addressing the needs of parents and children together (two-generation), positively impacting the social determinants of health through human services, and applying public health concepts to generational poverty. Using the lens of the Human Services Value Curve, leaders at the retreat explored how these approaches might more effectively address racial and gender disparities in meaningful ways that support root cause analysis and promote well-being of all children and families.



Some of the key takeaways from the Leadership Retreat focused on what it means to be a generative leader in a time of complexity and constant change. These insights include the following:

- Enable a more productive public discourse around investment in better outcomes by making well-being a shared value and taking health to where people live, work, learn, and play.
- Find ways to integrate lived “consumer” experiences into system and program design and cultivate an effective workplace where workers are productive, and feel valued and heard, with the expectation that this is how they will define their consumer relationships.
- Understand that it takes resources, skills, and time both to listen to the community and then to make good, strategic decisions about what to do with that information.
- Have the courage to point out when a program or service that is held dear by an agency or its stakeholders, or when an activity that occupies an agency’s time, resources, or attention, does not sufficiently enable the organization to build capacity, advance equity, or build better systems that strengthen its community. Adaptive leaders are willing to discard these old ways of doing business and lead stakeholders through that change.

Leaders attending the retreat share a commitment to identify the markers of an “adaptive ecosystem of health and human services” by exploring root causes and helping to “flip” traditional barriers into opportunities that then enable progression up the Human Services Value Curve.





Summary

As health and human services leaders strive to lead their organizations to the highest levels of the Human Services Value Curve, they face a number of challenges and opportunities. The biggest difficulty is finding a way to sustain current service levels while simultaneously building stronger ecosystems to create generative outcomes in the future. At the same time, health and human services leaders have an opportunity to produce impactful innovations at a time when the field appears poised for transformation. As Dr. Antonio Oftelie, LNW's Executive Director, said, "We're at an interesting inflection point when it comes to health and human services and the integration of that in creating ecosystems of value and outcomes." Thus, fostering cross-discipline and multi-agency ecosystems is not just an intriguing strategy to pursue in the future; it is a necessity for organizations striving to remain at the cutting-edge of helping citizens in need now. As Oftelie added, "I think we're at a point where we need to start asking, 'What comes next with the Human Services Value Curve?'"

The dialogue at ***The 2016 Health and Human Services Summit: Catalysts for a Generative Future*** pointed to three critical steps that health and human services leaders can take to navigate this challenge and seize these new opportunities:

- First, leaders must employ techniques that maximize their return on investment (ROI). The two-generation approach is a case in point because it allows service providers to focus on the needs of multiple stakeholders simultaneously. For example, the Jeremiah Program—an initiative that helps single mothers with low incomes obtain career and life skills training, housing, and education for their children—has achieved an ROI that is over three times as large as the typical output for comparable programs.⁴² In an era of fiscal uncertainty, it is imperative for leaders to get the most out of every dollar they spend.

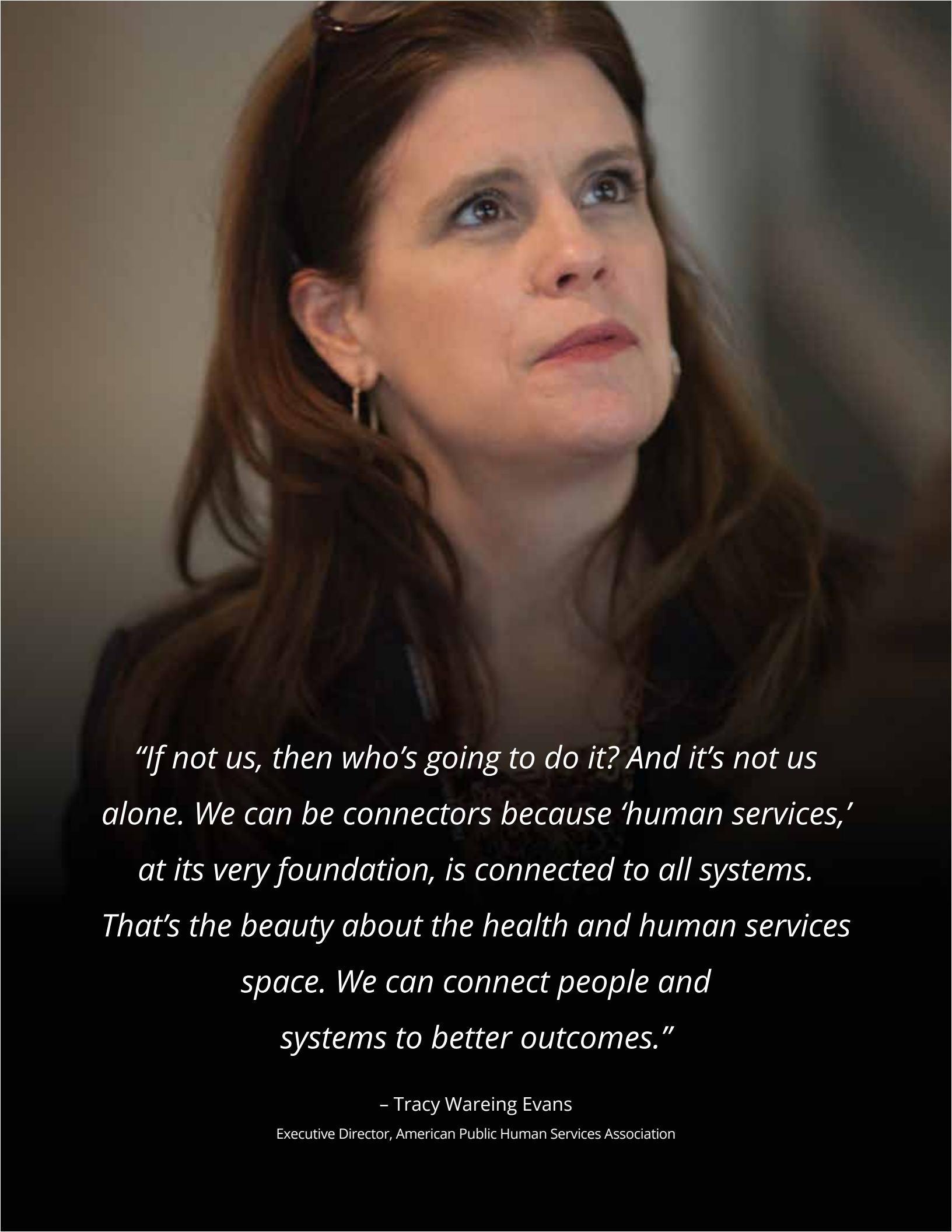
42 Gloria Perez, "Jeremiah Program: Transforming Lives Two Generations At A Time," in *Two Generations. One Future. An Anthology from the Ascend Fellowship*, Ascend, The Aspen Institute, April 2015, pp. 124-129, available at http://b.3cdn.net/ascend/5d2d0cd2503a267147_ugym60hk5.pdf (accessed on February 2, 2017); and "The Two Generation Approach," Ascend, The Aspen Institute, 2017, available at <http://ascend.aspeninstitute.org/pages/the-two-generation-approach> (accessed on January 18, 2017).



- Second, health and human services leaders must leverage cutting-edge technology. It is tempting to view government agencies and non-profits as organizations that are inevitably behind the technological times. It is also understandable to fear that technology that relies on data sharing may encroach on confidentiality and privacy rules and norms. However, the organizations represented at the Summit—from Apotti in Finland, to the Department of the Health and Human Services in Montgomery County, to the Department of Human Services in Allegheny County—demonstrated that embracing integrative technologies and predictive analytics can go a long way toward helping people in need. Organizations that successfully scale the Human Services Value Curve have the modern tools to fuel and guide their progress.
- Third, organizations need to establish cross-system partnerships. The best illustration of this was the session on policing and human services. From Seattle to Cambridge and Los Angeles to Charleston, health and human services and law enforcement officials across the country are recognizing that they can operate more efficiently and make their communities safer and healthier when they work together. The implication is that health and human services leaders should seek comparable opportunities with other sectors and partners to maximize impact.

A broader takeaway from the Summit is that as challenging as it can be for organizations to reach the generative stage of the Human Services Value curve, it also presents an exciting opportunity for leaders in this field. The next generation will have to confront major obstacles, ranging from global warming to economic dislocation stemming from increased automation. Having a robust and collaborative health and human services system therefore has the potential to help millions of people lead safer, healthier, and happier lives. This calls to mind an observation made by Accenture's Ryan Oakes at the start of this year's Summit. He said that he believes that, "It's a human right for people to have food on their table, clothes on their backs, shelter over their head, and safety at night."

With that profoundly human objective in mind, let's get to work!



"If not us, then who's going to do it? And it's not us alone. We can be connectors because 'human services,' at its very foundation, is connected to all systems. That's the beauty about the health and human services space. We can connect people and systems to better outcomes."

– Tracy Wareing Evans

Executive Director, American Public Human Services Association

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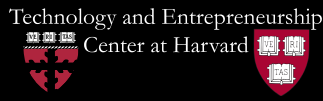
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Leadership for a Networked World (LNW) helps leaders ideate and activate organizational transformations that generate capacity and sustainable value. Founded in 1987 at Harvard Kennedy School, LNW is now an applied research initiative of the Harvard Public Sector Innovation Award Program at the Technology and Entrepreneurship Center at Harvard. Since 1987, LNW has delivered more than 200 learning events and gathered more than 12,000 alumni globally. To learn more about LNW please visit www.lnwprogram.org.



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American Public Human Services Association (APHSA) is a bipartisan, nonprofit organization representing appointed state and local health and human service agency commissioners as well as their key program managers throughout the nation. APHSA develops and provides policy insight, knowledge transfer, best practices, networking and advocacy. 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.