

Outcomes and Impact

INSIGHTS FROM THE 2012 HUMAN SERVICES SUMMIT
AT HARVARD UNIVERSITY



LEADERSHIP FOR A
NETWORKED WORLD



Introduction: The Human Services Summit

AS THE UNITED STATES AND THE DEVELOPED WORLD ADAPT TO NEW ECONOMIC CONDITIONS AND RESULTING SOCIAL AND COMMUNITY TURBULENCE, HUMAN SERVICES LEADERS FIND THEMSELVES ON THE FRONT LINES OF THE MOST PRESSING CHALLENGES. In the United States, the form and number of challenges are staggering: 13.7 million people are unemployed and looking to workforce systems for help. Families in need of supplemental nutrition assistance have increased by 57 percent. Nearly 1.9 million families rely on human services programs for the temporary financial aid that keeps them housed and safe, and the “silver tsunami” of baby-boomer generation retirees is increasing demand for new types of services focused on the aging.

While it’s clear that social services systems are working tirelessly to meet these demands, it’s often unclear what the end results are: Is the job we helped a person find sustainable? Will the food and financial assistance we provide help families build stable environments? Are the communities we serve growing more secure and productive? Across our programs, how much of an impact do we make?

To meet these questions and issues head-on, the Technology and Entrepreneurship Center at Harvard, Leadership for a Networked World and Accenture, in collaboration with the American Public Human Services Association, convened human services leaders for *The 2012 Human Services Summit: Outcomes and Impact*. This third annual Summit, held at Harvard University in Cambridge, Mass., brought together the world’s foremost human services practitioners, Harvard faculty, fellows and researchers, and select industry experts.

At the Summit, officials shared their visions for a future in which new business models and enabling technologies break down silos across human services and health programs in order to drive holistic outcomes while also gaining efficiency. Participants also learned from each other as leading practitioners shared their best practices on achieving an outcomes-oriented and high-impact human services model:

- Ohio presented their strategy for fusing health programs with human services initiatives in order to transform their capacity to meet future demands.
- Australia illuminated the benefits of new technologies to reach and help underserved populations while improving overall human services performance.
- Hillside Work-Scholarship Connection demonstrated the value of analytics to improve outcomes and to communicate both the near-term and long-term value of programs.
- The Commonwealth of Massachusetts showed their progress on streamlining operations and achieving a “one-stop-shop” solution for all children’s services.

To round out the Summit, participants learned the strategies and skills necessary to move a human services organization through the challenges of adapting to a new business model, capabilities and culture.

As a product of the Summit, Leadership for a Networked World is pleased to present this whitepaper, *Outcomes and Impact: Insights from the 2012 Human Services Summit*. The goal of this paper is to help human services leaders envision a transformation journey for their own organization and realize their vision through concrete actions. To inspire and guide efforts, the paper combines research, insights and case-based examples presented at the Human Services Summit.



Leaders from federal, state and local human services organizations met at Harvard University to share insights and lessons, identify best practices, define the opportunities and challenges in adopting innovations and new business models, and ideate the future of human services.

The Human Services Summit is produced in collaboration with Accenture.

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“Human services is unique in that demand for services is highest when society’s resources are most strained. This capacity challenge can only be met by continuously innovating – your role as leader is to drive and pace this organizational transformation.”

Antonio Oftelie,
Leadership for a Networked World,
Technology and Entrepreneurship Center at Harvard

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The Human Services Value Curve

TODAY’S TURBULENT ENVIRONMENT OF ECONOMIC UPHEAVAL, COMPLEX SOCIAL CHALLENGES AND CHANGING DEMOGRAPHICS REQUIRES HUMAN SERVICES LEADERS TO NOT ONLY HELP INDIVIDUALS IN CRISIS, BUT ALSO GUIDE FAMILIES AND COMMUNITIES TO A SELF-SUFFICIENT AND SUSTAINABLE FUTURE.

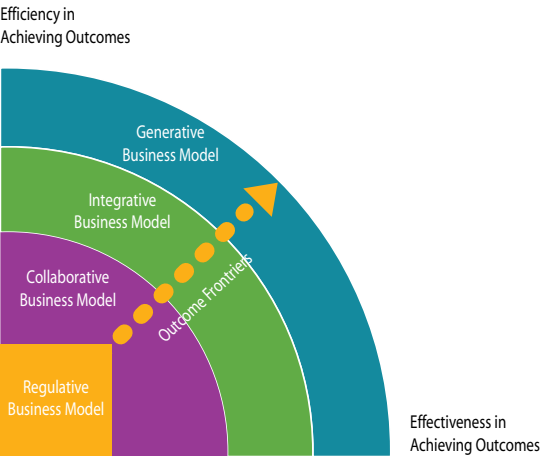
Meeting these demands requires human services organizations to improve their capacity to deliver an efficient and effective array of services over time – yielding outcomes that are valued by multiple stakeholders. Capacity for achieving outcomes is grown in three ways:

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

Thus, renewing focus on generating the capacity to reach client and family centric outcomes is the central thread to meeting demands today and in the future. But to get there, human services organizations must first improve their business models. Broadly, this is done by transforming their business model over time by adopting organizational innovations and harnessing advances in information and communication technologies that enable increased efficiency, effectiveness and the development of new competencies.

Collectively, these actions enable high-performance delivery of current programs and services, and provide a foundation for forecasting needed outcomes and designing forward-looking solutions. Yet designing and implementing an outcomes-focused business model takes a deft hand; leaders have to guide their stakeholders through the adoption of new business models, new forms of cross-boundary governance, new organizational structures, new cultural assimilation, new enabling technologies and methods of delivering services and – most importantly – new ways of measuring outcomes.

To help human services leaders make progress on their transformation journeys, Leadership for a Networked World researched best practices and developed a framework referred to as the “Human Services Value Curve.” As a human services organization advances along the curve, the enabling business models support new horizons of outcomes. The levels are described in brief as:



Regulative Business Model: The focus is on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.

Collaborative Business Model: The focus is on supporting constituents in receiving all the services for which they’re eligible by working across agency and programmatic boundaries.

Integrative Business Model: The focus is on addressing the root causes of client needs and problems by coordinating and integrating services at an optimum level.

Generative Business Model: The focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socioeconomic challenges and opportunities.

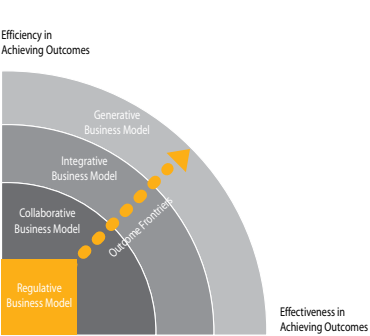
The Human Services Value Curve is not a one-size-fits-all solution, but rather a guide to help leaders envision a path for their organization. In addition, the levels of the Human Services Value Curve are fluid, meaning that you may see your organization at various levels depending on the program. In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



“The ‘Regulative’ model ensures we’re operating well and meeting basic service needs, but to solve long-term community challenges we need to strive for more outcomes-focused services.”

David Berns,
Washington D.C.

The Human Services Value Curve in Action



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

At this level, strategic steps to move up the Human Services Value Curve include:

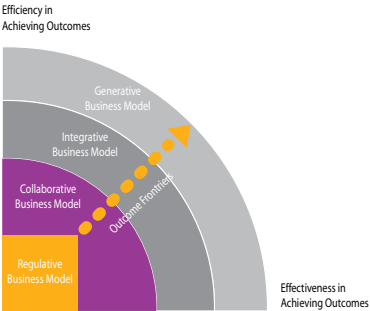
- **Outcome Orientation:** Define and extend outcome goals that cut across programs. Support this new outcome orientation by agreeing to a common taxonomy of problems and services and implementing measures for internal processes as well as client-facing impact.
- **Organizational Innovation:** Start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

“If you put the customer first, it makes sense to collaborate across organizations and align policies, programs and measures in ways that best help the customer or family succeed.”

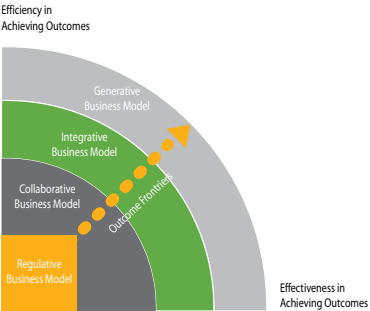
Lucinda Jesson,
State of Minnesota

“Integrating services enables us to not only be more customer-centric, but also rewire our operations so that we’re more efficient and effective as well. We can create better solutions that lead to more sustainable outcomes.”

JudyAnn Bigby,
Commonwealth of Massachusetts



Collaborative Business Model: As a human services organization progresses to a “Collaborative Business Model,” the focus expands beyond program “silos” and categorical management to support constituents in receiving all the services for which they are eligible and helping them address immediate needs. In action, entities collaborate on some policy and programs and may have some common information and referral, intake, eligibility and team-based case planning. The technologies and tools adopted facilitate limited cross-organization information sharing and decision-making.



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

At this level, strategic steps to move up the Human Services Value Curve include:

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

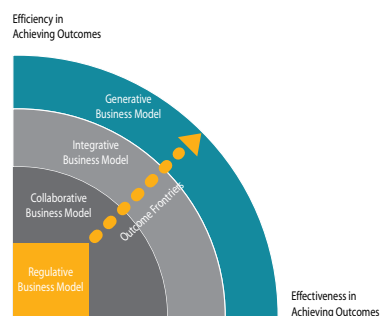
At this level, strategic steps to move up the Human Services Value Curve include:

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



"A 'Generative' approach harnesses the insight of all stakeholders in order to orient human services around long-term challenges and opportunities that, when solved, lead to healthy and safe communities."

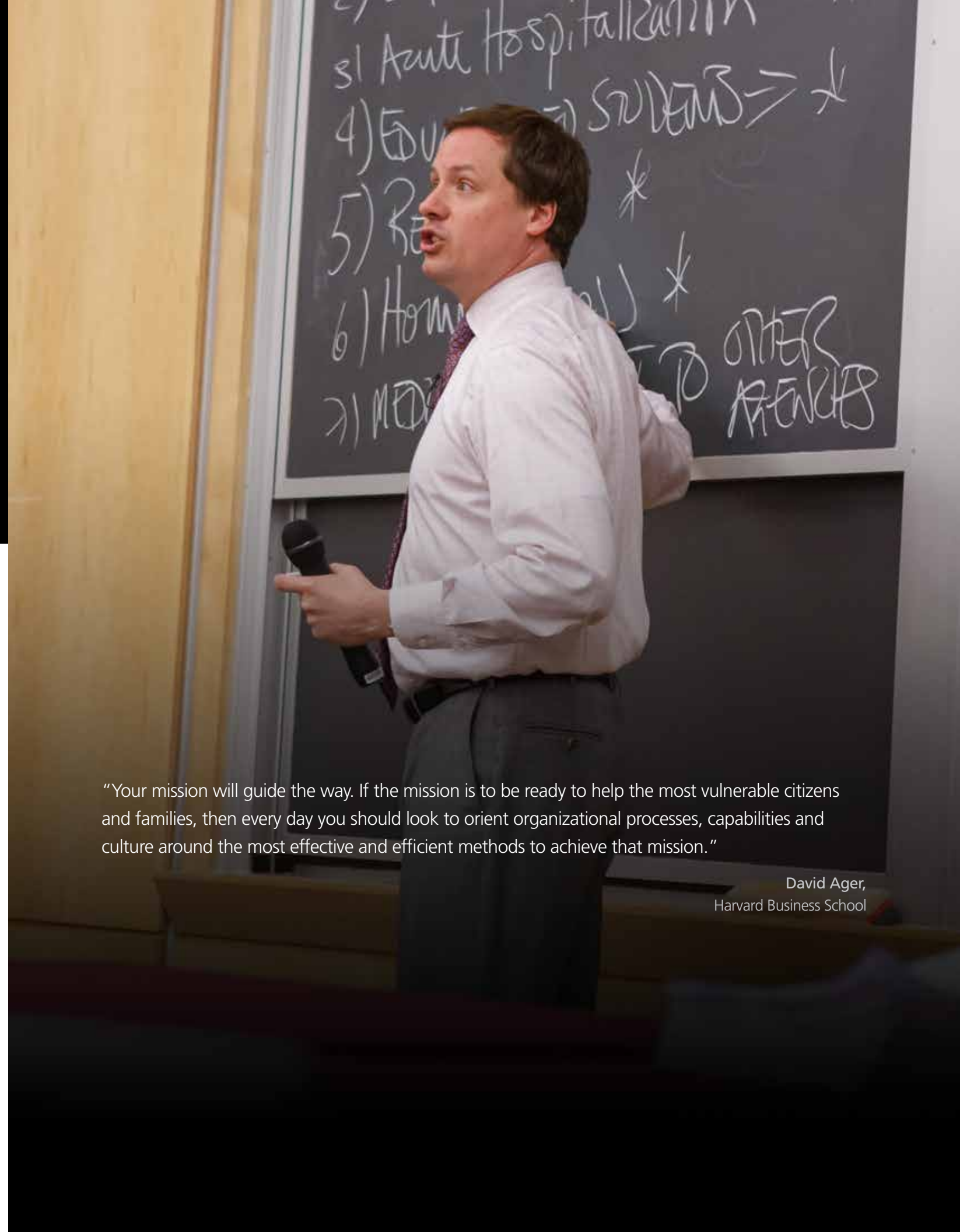
Kelly Harder, Dakota County,
State of Minnesota



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

At this level, strategic steps to move up the Human Services Value Curve include:

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



"Your mission will guide the way. If the mission is to be ready to help the most vulnerable citizens and families, then every day you should look to orient organizational processes, capabilities and culture around the most effective and efficient methods to achieve that mission."

David Ager,
Harvard Business School



Greg Moody, Director, Ohio Governor's Office of Health Transformation

Person-Centered Services:

Ohio's Health and Human Services Mission

JUST A FEW YEARS AGO, THE FUTURE OF HUMAN SERVICES LOOKED GRIM IN OHIO. THE STATE WAS FACING AN \$8 BILLION BUDGET GAP; Ohio ranked eighteenth in the nation on health spending yet 37th on health outcomes; service delivery was stuck in categorical compliance models; Medicaid spending burgeoned and 40 percent of the state workforce was set to retire.

The response of incoming Gov. John Kasich was swift: “We’re getting the band back together,” he said in a call to Greg Moody, who now heads the Governor’s Office of Health Transformation. With a few trusted advisors from previous work, Kasich and Moody launched three important policy efforts: modernizing Medicaid, streamlining health and human services and engaging private sector partners to pay for value not volume..

Ohio’s story is one of a few people identifying a few problems and supplying matching policy solutions. Success didn’t happen overnight- and programs are in all stages of the Human Services Value Curve. Yet the story illuminates the power of effectively linking people, problems and policies.

“What the team has done a lot is define the problem in a compelling way, create a solution that addresses the problem, a policy, and do it in a way that matches up to the politics,” Moody explains.

Kasich’s call came to Moody and others 1.5 years before he was elected governor. “Each person sat down with the governor and [he] asked a very specific question: You’re a director second, you’re a member of this team first. Are you willing to take this job under those conditions?” Moody recalls. The team of seven in the Office of Health Transformation- created by executive order- has authority over any state agency relating to strategic planning and a budget on modernizing Medicaid, and streamlining and improving health system performance. And while “control of the budget is critical to getting folks’ attention,”

Moody notes, making problems compelling yet solvable was key to moving forward. “If folks don’t perceive a problem to be addressed, some urgency, there’s not going to be interest,” Moody says.

Because the team feared “drowning in complexity if they tried to solve everything,” Moody notes the team “zeroed in on a series of ‘hot spots’ in which a few people are very expensive and, in some cases, unnecessarily expensive because the system failed them.”

The first step was to modernize Medicaid, efforts that fell under the Collaborative Business Model on the Value Curve. Medicaid consumed 30 percent of all state spending and paid 70 percent of all nursing home bills, and long-term care facilities were only 36 percent home and community-based. Additionally, there was major variability in mental health spending due to local systems supplying a Medicaid match- all compelling problems that deserved attention.

Step one was to reform nursing home payment. “We took 10 percent of payment and linked it to quality performance,” Moody says. “We have 20 quality performance measures. To get paid your full rate you have to hit the measure and 10 percent of what you get paid is at risk if you don’t,” he adds, noting that previous penalties were in the 1 percent to 2 percent pay range. Importantly, stakeholders including nursing facilities developed the people-centered measures and “wanted to set a target that anybody could get to and meet.”

The team pushed to rebalance long-term care, and has moved from 36 percent to 42 percent home and community-based care in the past two years, with a goal of 50 percent by 2015. The state also now controls behavioral health spending and has saved \$1.5 billion from the Medicaid budget by focusing on provider rates.

Yet Ohio health and human services policy, administration and spending were still split across multiple state and local jurisdictions, and though silos were capability and information-rich, “we were using none of it to make decisions,” Moody says. So the team created an organizational structure supportive of streamlining human services- an effort that aligns with the Integrative Business Model.



Moody says there can be “nimbleness not to reorganize all your different departments and their authority, but organize the leadership to get them acting together toward whatever your objective is.” In that vein, an 11-agency Health and Human Services Cabinet was created. Within a year, it consolidated the mental health and addiction services departments and separated Medicaid into an agency on par with the others.

The Cabinet is also working to streamline data and budgets. RFPs for eligibility modernization and operational change management are out. An “integrative health transformation budget” is also “out” on the website. Shared services for local governments are in. The 128 local health districts will “have to plan by regions. So you can be independent, but you have to submit one plan in a region which means you have to get in a room with your counterparts to submit the plan. We’re consolidating grants into a consolidated grant program and to be the recipient to administer the grant, you have to achieve a certain scale,” Moody says.

Ohio’s “Generative” work lies in looking at payment reform to improve overall health system performance, Moody notes. “We are going after a state innovation model grant to focus on patient-centered medical homes and episode base payment” instead of fee-for-service health care payment systems, which reward volume instead of value. A 10-agency Payment Innovation Task force will oversee the effort, geared towards designing payment systems that signal powerful expectations for better care. Standardizing and publicly reporting performance are also important components of the task force’s work, and a health information exchange and a health insurance exchange are on the docket for 2013.

An important component of the Office of Health Transformation is its goal to “convene, innovate, and disband,” Moody says, noting that the office was initially established to run only 18 months- an appeal to urgency in solving human services problems. Yet he also hopes the spirit of the effort will live on though future administrations.

“I would have to think whoever comes in next is going to look around and say, should we have four outdated eligibility systems or one modern system? I do think a lot of this will perpetuate itself because I really believe in the quality of ideas,” he says.



Elizabeth Zealand, General Manager of Future Service Transformation, Australia Department of Human Services

Building for the Future:

Outcomes-Focused Change in Australia

IN AUSTRALIA'S CAPE YORK PENINSULA CELL SERVICE IS SPOTTY, AND TEXTING NEARLY IMPOSSIBLE. But like teenagers everywhere, indigenous kids in the remote area clamor for it. On any day, they gather at the region's most reliable cell service point. Quickly pecking out their messages and hitting "send," they toss the phones up in the air, and catch them just as the "bing" indicates the message is on its way. Mission accomplished.

These young innovators inspire Elizabeth Zealand, who heads the Future Services Transformation Division of the Department of Human Services. She's part of the charge promoting easier citizen engagement in Australia's human services, an industry that administers 40 percent of all Australian government programs and services expenditure. Budget cuts and a desire to spend "face time" with the neediest clients are forcing innovation, a retooling of the traditional human services business model and aggressive incorporation of technologies the average citizen uses daily.

Early results are impressive: In mere months, foot traffic and phone calls into service and call centers has been reduced, allowing staff to shift at least some of their focus to "high value" transactions. Citizen's use of new phone apps to manage their human services transactions is rising sharply. Service provision is more targeted and timely.

"Having time to spend with that customer – being able to get a social worker involved and actually combine services to help that customer – has been fantastic," Zealand says.

The first step in the transformation was aligning the business model with the core values of service provision. While recognizing that "the industry we're in is as much about identification and verification in terms of authentication, transaction payment processing in financial services and customer service," DHS staff also let go of the notion of citizens as mere transactions. "We're looking at being able to provide a more holistic service to our customers... Rather than treating them as the kind of payment that they're on, we're

looking at their life event and the services they need for that event," she says.

Zealand's team is also a big part in delivering savings of over \$700 million over three years, a reality that resulted in automating several systems and processes. For some services, uniting Medicare – a transactions/rebate -focused group - with Centrelink (assessment-based services) was tough- the disparate organizations and cultures had some 37,000 staff who had to be persuaded the change was valuable.

Zealand describes the process as "challenging, risky and courageous," but ultimately convincing to staff, who embraced looking at disruptive industries like retail, financial services and insurance companies to retool their own processes and increase capacity to focus on clients who need serious assistance.

In looking at other industries we can learn from, the team adapted the "Apple store concept" as a significant way to funnel high-need citizens to staff, while teaching the others to self-serve. "We've used this quite a lot to triage our customers," Zealand says. At service centers now a Client Liaison Officer (CLO) works the sometimes long lines, "changing what it means to check in and out." The Bluetooth-clad CLOs can update client information via their own handheld device, walk clients to computers to help them process transactions or enroll them in online programs, or work with another service officer who is online to provide quick services like address changes. It's worked so well that DHS is rolling out more self-service kiosks with computers and maybe a staff member or two who can identify people who need greater assistance with online services.

Zealand's team also dismissed the myth that technology only appealed to the young, and seized the opportunity to promote "people managing their own information and being responsible and accountable for that information" via phone apps for programs already existing online.

Future enhancements Zealand is exploring include the notion of the "digital wallet" and also "storing credentials in your phone so you don't need your wallet anymore. We've been exploring the concept of low-income cards and concession cards, stored in a very authenticated environment on your phone. This existing technology can also interact with things that have a bar code," Zealand says.



As an example of progress, a phone app for students has been downloaded more than 300,000 times and has over 27,000 unique users accessing the app daily. Students set up their own easy 4 digit passwords, and can input everything from McDonald's timesheets to debt repayments. "It's immediate and easier to use," Zealand says of the app, whose online version is currently clunky in comparison. Many students opted to come into service centers to report income - something they often forgot to do. The phone app not only keeps usage details but also sends a "transaction successful" report – which has ended follow-up trips or calls to service centers to find out if online transactions worked. More than 4.9 million transactions have been completed using the apps, and usage is increasing by approximately 400,000 a week.

In addition, the "job seeker" app enables the 1.4 million online subscribers to now see letters via a secure mailbox and request advance payments. Zealand also looked into ways to incorporate phone cameras to allow clients to "digitally scan documents that we keep asking them to come in and give us. We want to say, 'don't come in, just send it to us,'" she says. Zealand and her team hope their results will lead to further investment in both intensive case management, and in the complementary drive for self-service.

"We are actually producing results," Zealand says. "And those kinds of intensive services are very expensive, which is why we have a relentless drive to get as many people self-serving as we can, so we can actually work within our budget and deliver the online and mobile app services the community expect, as well as provide more and more intense services going forward."

Outcomes and Impact:

New Views based on Analytics



Measures across
organizational
boundaries

Measures of single
organization

As human services leaders respond to current demands, they’re squeezed from multiple sides. On one side is the demand for ever-increasing services. On the other side is demand for ever-increasing transparency and return on investment. It’s like a vise-grip that gets tighter by the day. Human services leaders must adopt new ways to measure and communicate outcomes – but how?

The Human Services Summit honed in on the issue of measuring results by looking at how human services leaders are measuring outcomes and translating them into “impact” – the effect on individuals, families, communities and society. At the Summit, we defined the value-chain of measurement as:

- Inputs:** The factors of production such as human capital, technological capital and general materials that are put into the development of a program or service.
- Outputs:** The program – such as job training, nutrition assistance, cash assistance etc. – that serves a stakeholder, constituent or client.
- Outcomes:** The result – such as a job found, nutrition delivered, aid delivered – of the program or service for an individual stakeholder, constituent or client.
- Impact:** The public value – measured across organizations – that a program(s) or service(s) delivers for taxpayers, constituents and clients over duration of time.

HISTORICALLY, ORGANIZATIONS HAVE BEEN HELD ACCOUNTABLE PRIMARILY FOR MEASURES SUCH AS THE LEVEL OF INPUTS THAT FLOW INTO THE ORGANIZATION AND THE RESULTING OUTPUTS. Now, public sector and non-profit organizations are choosing (and being driven) to measure outcomes and impact more robustly.

This new capacity for measuring results is enabled by the intersection of networks, inexpensive data storage and data analysis methods (both people and software and what often colloquially are referred to as “big data” and “analytics”) that allow better measurement across the entire value chain of inputs, outputs, outcomes and impact. When these measures are put together, managers can assess the performance of a human services system from a wider perspective – across departments, agencies and jurisdictions, as well as a more granular perspective – deeper within programs and operating units.

In the human services world, these new capabilities will enable managers and stakeholders to take multiple views of outcomes and impact. These dimensions can be represented graphically as:

Dimensions of Outcome and Impact

System View Measures that leverage trend and root cause analysis system-wide in order to forecast future performance and expected effects (such as families most likely to benefit from new forms of case management and services) of new interventions and program innovation.	Impact View Measures of the human services system-wide generative effect that enable new valuation and solutions (such as performance-based contracting, pay-for-success options, etc.) and improved service design, (creating, starting and ending programs) development and delivery.
Organizational View Measures of the inputs and outputs (such as program investment, number of families receiving services, percentage of cases closed in a given time period, etc.) that describe and quantify the activity and basic trends of a human services program or organization over time.	Client View Measures of how a human services program has achieved broader outcomes (such as a client achieving self-sufficiency as opposed to leaving a program as a result of non-compliance) for individuals and families by capturing, correlating and communicating deeper data and detail.

Measures of internal inputs
and outputs

Measures of client results
and outcomes

As a human services leader develops a full view of the system, s/he can learn what practice models, case management methods, interventions and incentives are most effective in achieving improved outcomes. Further, this newfound analysis can be used as a lever to flow what works backwards through the organization – by knowing what leads to the best outcomes, a leader can mobilize to adopt new business models, innovate operating methods and reform organizational culture.

The private sector has been experimenting with and refining analytics for the past few years. Large retailers such as Target and Walmart, for example, are mining customer data and purchasing behavior to not only better understand what a person is likely to purchase this week, but also what that same person may need next month. This “predictive analytics” has brought a sea change to the ways retailers manage their supply chain and their merchandising and has helped them decrease costs, increase revenues and improve overall shareholder value.

The public sector is not far behind – and in some cases is ahead of the curve. Take officials in the Washington State Department of Social and Health Services, for example. They’re using predictive modeling based on cross-enterprise data and statistical analysis to identify persons or families who have complex needs and are “at risk” for costly service utilization and problematic outcomes. Case teams synthesize information from more than 30 data sets, analyze resource spikes and trends and then use this analysis as part of a larger care management process. These new capabilities enable caseworkers to anticipate client issues and proactively improve or stabilize the client’s health, independence and safety while reducing their use of intensive crisis services. In the non-profit world, the Hillside Work-Scholarship Connection (HWSC) program, part of the Hillside Family of Agencies in Rochester New York, is using data on client risk factors to predict the probability of high-school graduation. As patterns are found, the HWSC caseworkers can target the most effective interventions and tailor solutions to individual clients. This relentless use of analytics has led to dramatic results – 91 percent of HWSC kids are graduating on time compared to 50 percent for all district students, resulting in a predicted net return to the community of \$42 million.

What’s certain here is that the power of data, networks and analytics will bring a new era of capacity and accountability to the human services world. What’s uncertain is how fast and thoroughly leaders will move to adopt new methods of analytics-based management. The early adopters will work out some of the privacy, cost and change-management issues that come with the new territory, but it will take sustained leadership to create organizational cultures that will embrace and act on analytics in human services.



Left-to-Right: **Dennis Richardson**, President and CEO, Hillside Family of Agencies; **Maria Cristalli**, Chief Strategy and Quality Officer, Hillside Family of Agencies; **Patricia Malgieri**, Chief of Staff, Rochester City School District.

Proactive Services:

The Hillside Work-Scholarship Connection

IF HIGH SCHOOL KIDS WORKING AT WEGMANS FOOD MARKETS IN ROCHESTER, NY SEEM EXTRA PEPPY STOCKING SHELVES, BAGGING GROCERIES AND DIRECTING CUSTOMERS TO THE ONION DIP IN AISLE TWO, THERE’S A REASON. For many of them, the part-time job is an important piece of a plan helping them to graduate and move out of poverty.

In fact, students in the Hillside Work-Scholarship Connection experience dramatic results. In Rochester, where the on-time high school graduation rate dips below 50 percent for all city district students, 91 percent of HWSC kids who work at places like Wegmans are graduating on time. They have higher college retention rates than their peers, and the predicted net return to the community is \$42 million (per 2,000 youth) if these low-income kids with multiple risk factors graduate on time.

But the real news about Hillside Work-Scholarship Connection is their relentless focus on data analytics, which has allowed the group to transform the meaning of nonprofit from service provision to research partner and key player in leveraging new funding streams.

“When we make an appeal to government to support this, or make an appeal to donors to support this, we need to explain why Hillside Work-Scholarship Connection and not something else,” explains Dennis Richardson, who heads the Hillside Family of Agencies, the umbrella organization of the Hillside Work-Scholarship Connection. “Predictive analytics helped to explain that. We can say we will target where we can be most effective.”

Hillside Work-Scholarship Connection is based within the Hillside Family of Agencies in upstate New York and has branches in Rochester, Buffalo, Syracuse and Prince George’s County, Maryland. HWSC Youth Advocates work full-time in district schools, helping students in three areas: family, school and employment (many gain part-time jobs). Their clients are vulnerable at home – Rochester leads the nation in childhood poverty; Syracuse and Buffalo are in the top 25. They’re also vulnerable at school: in the last three years all four school districts turned over Superintendents, and Rochester reports a meager 9 percent on-time regents graduation rate for African-American males.

Yet it remained difficult to get public and private partners to own the program. Wegmans originally stepped up in 1987, responding to a call from the Rochester Mayor to help curb the high school dropout rate. HWSC in the mid 1990s brainstormed how to attract more funding by becoming more accountable to corporate and government partners and better targeting their services to maximize outcomes.

Using a four-year grant from the Edna McConnell Clark Foundation, HWSC turned to predictive analytics, creating models for what type of student would qualify for and most benefit from the program, says Maria Cristalli, HWSC Chief Strategy and Quality Officer. In Rochester, HWSC started examining “which risk factors, either singly or in combination with each other, influence the probability of graduation,” she adds. Creating two models utilizing known risk factors like attendance, standardized test scores and grades, among others, the group found that in every “probability of graduation” bracket, HWSC participants had stronger graduation rates than their peers – excellent fodder for potential funders. But perhaps more important, HWSC discovered that their interventions had the greatest “lift” among students in the 15 percent to 79 percent probability of graduation range – a discovery that changed their service model.

“It created an organizational innovation on the part of working together with the city school district,” Cristalli says. “We began a process of more targeted enrollment of our students using the data sets to generate lists of students, in partnership with the staff and the schools, who would already be qualified based on the risk factors.” It



also meant not accepting some youth into the program, admitting that those students below the 15 percent probability of graduation needed more intense services, and those above the 79 percent mark needed fewer. HWSC is currently in the second year of prequalifying Rochester students based on the risk factors of attendance, standardized test scores, and gender, and they’re looking to expand to the other markets soon.

The school district benefits from the analytics too, says Patty Malgieri, Chief of Staff for the Rochester school district. “We don’t have a lot of money for research and evaluation,” she says, adding that with the HWSC data “We in the district can try...to make the graduation rate of the kids not in the program move positively just like the kids in the Hillside Work-Scholarship Connection.”

Strong data and partnerships have appealed to funders. In 2011, HWSC secured another four-year grant from the Edna McConnell Clark Foundation to continue their work. The ability to demonstrate the Return on Investment helped them land preventive partnership funds from the state and Monroe County, New York. These dollars are matched by the Hillside Family Agencies Foundation, which is supported by Wegmans and other private groups.

The Wegman Family Charitable Foundation is also working to land Hillside new public-private partnership funds from the state. Danny Wegman made “multiple trips to Albany to make the case for why the Wegman Family Charitable Foundation thinks this program is valuable,” Malgieri says. “Because of those conversations with the New York State Division of the Budget, \$2 million was put into the budget based on the track record of Hillside Work-Scholarship Connection in those two areas, private funding and evidence-based practice.”

Data analytics and leveraging strong partnerships may be the next frontier in social services provision, and Hillside makes a strong case for nonprofits embracing the shift. In a time of fiscal belt tightening, HWSC is funded by the state education department, the NY Department of Labor, and other streams connected to economic development, and may look to access juvenile justice funding later on. According to Dennis Richardson, it’s hard to deny the benefit to society investing in kids brings: “The net return goes to the federal government, it goes to the state government, and it goes to school districts, so it’s spread across multiple jurisdictions. We can demonstrate and monetize this. We can demonstrate a net return.”



JudyAnn Bigby, former Secretary of Executive Office of Health & Human Services, Commonwealth of Massachusetts

Future Focus: Improving Outcomes for Children, Youth and Families in Massachusetts

IN 2006, THE GOVERNOR CHARGED JUDYANN BIGBY, HEAD OF MASSACHUSETTS’ EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, WITH TRANSFORMING CHILDREN’S SERVICES INTO A “ONE-STOP SHOP”. There were too many silos, outcomes were imperfect and families had “a zillion case managers,” Bigby reports. Yet stakeholders from agency heads to families resisted the change, and Bigby’s team went back to the drawing board. The end result: a generative organizational model working towards deep integration of child and family services across agencies.

That the plan is already demonstrating significant outcomes and savings is icing on the cake. The integration of child and family services in Massachusetts is a story about leadership with a deft hand. After the shock of resistance wore off, Bigby’s team proposed a new business model that addressed the concerns, competencies and visions of child – serving agencies. Rather than immediately consolidate, agencies were asked to improve what they already did well, to innovate together on issues of shared concern and then move towards services integration. Every step of the way, Bigby helped the groups access funds to enable those developments.

According to Anita Light, deputy director of the American Public Human Services Association, research validated the process. Outcomes can be strong with structural silos if attention is paid “to the responsibilities that each one of those agencies had, and the accountabilities that each one of those had and how those two things were in support of the vision and the mission of another agency that might be responsible for seeing how those efforts played out,” she says.

Bigby launched the transformation by affirming the competencies of agencies and urging incremental improvement. Areas addressed ranged from staffing, enabling infrastructure, processes and practice, to family and community engagement. She backed the request up with access to existing funding streams.

The first success story was the Children’s Behavioral Health Initiative – a Medicaid program started in 2006. Previously, the Department of Children and Families (DCF) “had become our de facto behavioral health system,” Bigby says. Working to shift families to a network of providers with access to Medicaid funding, the program now has plenty of providers who can service kids – and DCF can work on its core competencies. “It realigns services where they need to be, and better supports families” Bigby says.

Other notable improvements developed between DCF and the Department of Youth Services (DYS), the juvenile justice system. The Crossover Youth Initiative has significantly reduced the number of DCF children transitioning into DYS through simple reassessment procedures. Now, kids in DCF care who seem to need additional services are reassessed and given interventions to stop the pipeline into criminal activity. DCF and DYS are also collaborating to prevent court appearances and to implement a screening tool that determines probability of re-offending. The tool has slashed juvenile detainment by 30 percent since 2010.

And when DYS staff expressed concern over a subsequent rise in violence among the more violent, remaining kids, Bigby went back to the Governor and others and said, “We need some of those savings to reinvest in DYS and redo the staffing patterns and we were able to do that.”

Step two in Bigby’s plan brought stakeholders together to innovate around areas of shared concern. Bigby co-chairs the Child and Youth Readiness Cabinet, a team comprising the heads of the Education, Labor, Housing and Economic Development and Public Safety departments. Their purpose is to “come together to talk about how we can make sure the children in Massachusetts are ready to learn and that they’re graduating from school, going on to college or vocational school so that they have the potential for having jobs,” Bigby says. Working in collaboration with state agencies, school districts and schools, “we have a collective set of goals to improve attendance, to make sure that we’re doing all we can to...specifically address the concerns that reflect the nonacademic needs of kids,

primarily their behavioral and physical health,” she says. The team decided to add to or create family resource centers in “communities that have the level for underperforming schools and are at-risk for being sanctioned.” Many of those centers can access “Race to the Top” funds to better support early education outcomes that way.

Integration of services is the ultimate goal, and Bigby’s team is moving forward on building a sustainable technology infrastructure that can be leveraged across all agencies, ensuring business practices and staffing are aligned to support an integrated service delivery model, and promoting improved outcomes through enhanced data analytics and integrated performance management.

A prime example is Caring Together, a joint residential procurement between DCF and the Department of Mental Health. Previously, both groups had been “procuring the same type of services for kids with behavioral health problems independently, different contracts, different rates, same providers,” Bigby says. Together, they brainstormed services and desired outcomes.

The pairing “developed the idea that we’re not in the business of purchasing beds for kids that need to be taken out of their home; that what we want is an array of services that if they need some respite there’s a bed for them, but they aren’t stuck in that bed because the next level of care is not available for them because we didn’t purchase enough of those,” Bigby says. Now, contractors are expected to fill the range of services “including residential beds, but we also need in-home care, community interventions and you tell us how you’re going to provide that array of services for both populations of kids and you’ll be able to get one of our contracts,” Bigby says.

Bigby’s team is also using the Affordable Care Act to develop an integrated Medicaid eligibility system. The longer-term goal is to “begin to integrate other programs that we all know touch the same populations, so that we have one system for everyone.”

Bigby says two keys to her success are incrementalism and concern for the vulnerable first. “At all times,” Bigby says, “We managed to keep the focus: are these the right decisions for children?”



Anita Light, Deputy Executive Director, American Public Human Services Association



The American Public Human Services Association Commissioners’ Retreat

THE AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION HELD ITS ANNUAL COMMISSIONERS’ RETREAT AT HARVARD ON OCTOBER 5, 2012, PRIOR TO THE 2012 HUMAN SERVICES SUMMIT. The focus was to confirm APHSA’s 2013 agenda for communicating the principles and implementing the proposals established in Pathways, the human services transformation agenda that APHSA unveiled in 2012. Pathways explains why the current human service system is unsustainable and how it must be transformed into one that is integrated, person-centric, outcomes-focused and accountable for results that matter to those we serve. Full details on the Pathways initiative and related APHSA initiatives, which include materials covering the context of our positions, specific policy papers and guidance for both business processes and general agency governance, are available on APHSA’s web site at www.aphsa.org.

Examples of priorities the CEOs agreed on for this year include a vigorous communication campaign, expanding the scope of relationships with partners and stakeholders, specific requests and proposals for the Federal Administration and for Congress and continuing to ensure our members will be strong and nimble in the face of the budgetary uncertainty already dominating 2013.

Some priorities established in the retreat discussion include:

- **Communication with a wide range of audiences:** Even when we think we’ve figured out how to explain our business clearly and concisely, the public, private sector and other key audiences can perceive it differently. We are still learning how to “speak their language,” but when we succeed, as state and local agencies already have in many ways, the payoff is significant and long-lasting.
- **Accountability and outcomes:** As APHSA members concentrate on achieving broad program integration and focusing on outcomes, they will be developing specific



measures that document progress toward a transformed system such as honing accountability measures, including social return on investment; and formulating benchmarks that demonstrate objective markers of success.

- **Cost/benefit ratio of administrative burdens:** APHSA’s CEOs expressed frustration over the disconnect between the administrative burden of process compliance and actual program outcomes. They prioritized continued education of policymakers, including (even especially) within our own agency structures. Federal policy drives much of this culture, but states are also mirroring these dynamics.
- **“Getting our friends to like us again”:** This statement comes from one of our leading members, who has enjoyed a long and positive relationship with the many prominent interest groups in human services. When his transformation initiatives revealed the potential to disrupt these long-standing and comfortable relationships, he was required to re-establish good relations on an entirely new basis. The same issues can arise when mid-level managers and front-line staff begin to realize that they, too, must “completely change the way we do our business.”
- **Workforce issues and succession planning:** Many agencies are having great difficulty filling vacancies due to our image, low salaries and similar factors. In some states, related agencies are fiercely competing for the same applicants. A similar challenge is sustaining our transformation initiatives beyond a given administration and planning for succession.
- **Partnering with nonprofits:** As we have known for years but are being reminded of acutely in the present environment, partnering with the nonprofit sector can open up enormous benefits. These include leveraging influence and resources, and sharing repositories of best-practice information and links to the private sector. Current relationships with nonprofits can be complex, but the CEOs clearly see future expansion of the use of nonprofit contractors as human service agencies move more into oversight and standard-setting rather than direct service delivery.

APHSA’s leaders also confirmed support for the association’s ongoing work, particularly those initiatives that are carrying out specific elements of the Pathways agenda. These include the National Workgroup of Integration (NWI), a stakeholder group that will soon complete its second year and focuses on maximizing states’ ability to fully engage in the funding opportunities and policy integration work taking place in the health sector. NWI, which is composed of member agencies, industry representatives and federal officials, has published a number of guidance documents for state and local agencies. The CEOs also noted the value of another APHSA priority, the Innovation Center, which is researching specific elements of transformation in 2013. The Innovation Center has already published several issue briefs on the center’s four current priorities: adaptive leadership, alternative financing, the role of government in the 21st Century and social return on investment.

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

As submitted by the APHSA



Human Services Transformation: The Adaptive Challenge

If changing the business and practice model of human services enterprises is so vital to meeting current and future demands, why do so many transformation initiatives fail?

RON HEIFETZ, THE KING HUSSEIN BIN TALAL PROFESSOR IN PUBLIC LEADERSHIP AND FOUNDER OF THE CENTER FOR PUBLIC LEADERSHIP AT HARVARD KENNEDY SCHOOL, helped Summit participants address this issue as he led a discussion on how to move human services organizations through the challenges of adapting to a new business model, capabilities and culture.

To start, leaders must recognize moving up the Human Services Value Curve for what it is – a long-term transformation. When a human services system and its workers are grappling with adopting a new business model, new technologies and new processes, two forms of innovation happen simultaneously – technical innovation and organizational innovation:

- **Technical Innovation:** This form of change is what we’re most used to. Organizations and people experience this when implementing incremental change (such as updating a process, technology or management method) within their current organizational structure, authority lines and knowledge set.
- **Organizational Innovation:** This form of change is where most people and institutions get uncomfortable, as it requires the development and adoption of new competencies and capabilities – often within a new environment, governance structure and organizational design.

Combine these two dimensions and you have an “adaptive challenge” on your hands. Heifetz explains: “An adaptive challenge requires experiments, new discoveries, and adjustments from numerous places in the organization. Without learning new ways – changing attitudes, values and behaviors – people cannot make the adaptive leap necessary to thrive in the new environment. The sustainability of change depends on having the people with the problem internalize the change itself.”

“In nature you have these three basic tasks – determining what to conserve, what to discard and what innovations and new ‘DNA’ will enable new capacity. This is important as a leadership metaphor because really significant change is highly conservative – small changes in DNA can result in major leaps. This is counterintuitive because many of us talk with enthusiasm about innovations and change without anchoring it in all that’s not going to change. And then we frighten people and they respond to the sense of loss rather than all that’s going to be preserved.”

Heifetz suggests transformational change cannot be affected completely through authority or (change) management. Rather, it takes a person (or set of complimentary-acting people) to actively mobilize stakeholders to address real and perceived loss of important ideals, values and competencies that have been in place for years while also actively learning new competencies, capabilities and culture. This form of “exercising leadership” is needed to move people through the adaptive challenge.

When a person or group isn’t mobilized to work through their adaptive challenge, the resulting fear of loss and disturbance can spur people to work against the new vision and derail a human services initiative. Common examples of maladaptive behavior include:

“Exercising leadership then is to identify what you want to conserve, while at the same time identifying what you want to change. Work with your people to create a vision for the future, yet attach this new vision to the historic mission and ideals. Bring in innovation and new ways of working and new competencies, but all the while pace the change in a way that enables people to deal with the losses and make the gains their own.”

Ron Heifetz,
Harvard Kennedy School

- **Avoidance:** People disengage from the initiative – consciously or unconsciously – as they avoid the pain, anxiety or conflict that comes with actively working through the gains and losses.
- **Direct Push-back:** People will actively fight the changes taking place and advocate for previous practice models and methods of work.
- **Circumvention:** People will work around leadership and lobby agency heads, legislators or whoever will lend a sympathetic ear in order to delay, distract or derail the initiative.
- **Shadow Processes:** People will secretly keep past processes and operating models (undermining efficiencies that come from new models) in order to retain a sense of control.

Clearly the importance of exercising leadership through the human services adaptation is critical to success. During the Summit session, Heifetz offered recommendations for mobilizing individuals, organizations and yourself:

- **Identify the Adaptive Challenges:** Be in a position where you know what will happen next. If you assess and forecast where the adaptive challenges will arise you can start working with the people and units affected – moving problems to the surface and resolving the difficult tensions and trade-offs related to their changing roles, capabilities, loyalties and identity.
- **Start with Micro-adaptations:** Realize that people need time to work through adaptive challenges – and get to know their limits. As the saying goes; “Keep it hot enough but don’t let it boil over.” One way you can achieve this is by creating micro-adaptations – small-scale innovations that set a sustainable pace for subsequent adaptations. While doing this, create a “holding environment” (the term

originated in psychoanalysis to describe the relationship between the therapist and the patient) for groups to discuss all of the issues related to the change in a non-judgmental atmosphere.

- **Understand and Assess the Psychology of “Gains and Losses”:** A primary first step is to understand the perceived and real value gains and value losses to each category of stakeholder, i.e., data center managers will perceive the value vastly different than an authorizing body or a senior executive in the initiative. It is important to discover both sides of the gain/loss equation as perceived losses affect adoption as much as perceived gains.
- **Protect Voices of Leadership:** It’s critical to find and protect the people who exercise leadership but who don’t have the cover of formal authority. These people are the “change-makers” within an organization and usually have a high capacity for mobilizing themselves and their peers. Make sure you funnel them timely information, engage them in helping to voice the necessity of change, and protect them during the process.
- **Hold Steady:** Last – and most important – protect yourself. Realize that you are affected by the change and adaptation as much as others. Make sure you work through your personal adaptation – and even better if you can do some of it with others. A key element is clearly separating yourself from your role and understanding that maladaptive people will attack your role and your authority – don’t take it personally.

To learn more about adaptive leadership, please review Ron Heifetz’s groundbreaking books including: “*Leadership Without Easy Answers*,” “*Leadership on the Line: Staying Alive through the Dangers of Leading*,” and “*The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*.”



Summary

The human services community has a capacity challenge. The environment of increased demand, compressed resources, complex social challenges and changing demographics has challenged the ability to deliver “public value” — the measure of how effective and efficient a program is in achieving outcomes.

Renewing capacity to reach client and family centric outcomes is the central thread to meeting demands today and in the future. But to get there, human services organizations must first improve their business models.

To help human services leaders improve their business models, the Technology and Entrepreneurship Center at Harvard, Leadership for a Networked World and Accenture, in collaboration with the APHSA, convened the 2012 Human Services Summit at Harvard University. Participants shared best practices and ideas on moving through the Human Services Value Curve, a framework and maturity model for business model innovation. As an organization moves progressively through the Regulative, Collaborative, Integrative and Generative levels of the Human Services Value Curve, enabling business models and competencies mature and improve the organization’s ability to deliver broader and more valued outcomes.

What’s clear throughout is that new human services business models will have a family centric mission, will work across organizational boundaries to align goals, and will pursue a laser-like focus on outcomes. The policies, programs, production and provision of services will enable the mission and continually adapt to changing circumstances – all while striving to generate the highest level of capacity for the clients, organization, employees and the broader community.

In traversing the curve, leaders will have to guide their organizations and stakeholders to new models of governance, new organizational structures, new enabling technologies and new methods of delivering services.

The successful improvement of human services is vitally important to our nation’s social fabric, economic competitiveness and equity in the American dream. We now have the strategies and technologies for high-performance. It’s time to realize the vision.

About The Author

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

During his time at Harvard, Mr. Oftelie has created practitioner-recognized frameworks and maturity models for organizational innovation and value creation including the Shared Services Horizons of Value, the Public Sector Value Chain and the Human Services Value Curve. As an application of his research, Antonio advises senior government and business executives on organizational transformation by helping them to evolve their mission and strategy, ideate new business and service models, build adaptive strength and create performance and value measures. In this capacity, he has directly advised three governors, five federal agencies, numerous state and local governments and private and public companies on topics ranging from IT outsourcing and shared services to homeland security and pandemic response to economic development, product and service design, organizational collaboration, government relations and public-private partnership strategies.

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



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