

**BUILDING BETTER HUMAN
SERVICE SYSTEMS**

**INTEGRATING SERVICES
FOR INCOME SUPPORT
AND RELATED PROGRAMS**



**Prepared for the Annie E. Casey Foundation —
Casey Strategic Consulting Group
by the Rockefeller Institute of Government**

Mark Ragan

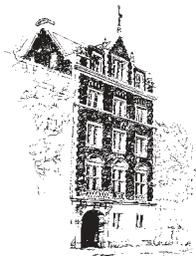
June 2003

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**The
Nelson A.
Rockefeller
Institute of
Government**

Albany, NY

The Nelson A. Rockefeller Institute of Government, the public policy research arm of the State University of New York, was established in 1982 to bring the resources of the 64-campus SUNY system to bear on public policy issues. The Institute is active nationally in research and special projects on the role of state governments in American federalism and the management and finances of both state and local governments in major areas of domestic public affairs.

Cover photo of the Rogue Family Center, a building developed specifically for collocation of multiple state and local human service programs in White City, Oregon. Photo by Jeff Wishard.

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PREFACE

Five years ago, a group of experts began a “Working Seminar” organized under the auspices of the U.S. General Accounting Office and the Rockefeller Institute to study management systems for human services. Originally focused on technology and how computers can link and track human services for needy families, the seminar ultimately branched out to consider broader structural and operational reforms of human service systems. Since then, other groups and experts have joined in what is now a widespread interest in human service systems. This report by Mark Ragan adds an important input to this work.

Mark Ragan has been out there. After twenty-seven years as a federal official in Washington working on welfare policy issues, he moved to the Rockefeller Institute and, with support from the Annie E. Casey Foundation, has logged thousands of hours studying reforms of human service systems on the ground. This is the report on his work.

Several things are clear in this report:

- ❖ It is hard to reform human service systems. There are good examples, but not a great many of them.
- ❖ Paraphrasing Tip O’Neil, the business of reforming human service systems is *local!*
- ❖ And third, the need to do this is intrinsic to the way American domestic public policies are made and executed.

Picking up on this last point, the pluralism of American domestic public policy has produced the now widely commented upon “*silozation*” of human services. Fragmentation is built into the wood of American government. In area after area, we hear complaints that programs aren’t connected; managers of related programs don’t know each other; and that the losers are citizens who have such a hard time dealing with government.

Taking the long view, however, there is reason to resist hand wringing about this fragmentation problem in the field of social policy. Advocates who care about the amounts of aid provided to the poor often come to the conclusion that the existence of multiple programs is a good thing. The more programs there are, the more constituencies can be mobilized to support aid to the poor, a purpose which generally speaking does not have a lot

of backing. In effect, the fragmentation of human services and the need for efforts to connect them is a necessary concomitant of the success of the efforts of advocates for the poor.

The condition of needing to link “different strokes for different folks” to aid the poor isn’t going to change radically or soon by virtue of the adoption of comprehensive national laws and policies that obviate the need for integrating a wide range of individual human services.

Mark Ragan’s report showcases examples of places in twelve states where serious efforts to integrate human services for the poor have been undertaken. He discusses what is meant by service integration, stressing that it is different in different places. Ragan also considers the bottom line question — what difference does it make to integrate human services?

One more point needs to be made. There is in the media an increasing sense that antipoverty efforts have failed, that they should be retrenched, or that they should be replaced by faith-based initiatives. We see faith-based efforts as important and increasingly more adept, but the suggestion that public programs have failed is *wrong*. The past three decades have seen a steady increase in income-transfer and human service programs that can do what the public strongly supports — which is end dependency by enabling adults with children to operate successfully in the regular labor market. Service integration is a key to doing this. It involves state and local governments and the managers of for-profit and nonprofit human service organizations, and both sectarian and nonsectarian working well together.

Richard P. Nathan
June 2003

Executive Summary

For many years, human service program administrators have expressed a strong interest in developing service delivery systems that better meet the needs of the populations their programs were designed to serve. Welfare reform legislation in 1996 provided additional impetus to develop better-coordinated service delivery systems. Families are expected to seek employment; cash benefits are now time-limited; self-sufficiency is the key. Many families need multiple benefits and services, such as child care, job training, health insurance, and counseling in order to succeed in the labor market. The desire to simplify and streamline client processes — often through “service integration” — is frequently cited as a solution to the often confusing, sometimes redundant, and uncoordinated mix of programs that exists at the local level throughout the United States. The essential challenge is local.

While some literature on service integration and program coordination, such as how-to guides and policy papers, is readily available, there is very limited information regarding actual efforts to integrate services at the local level. Where has service integration occurred, and what does it look like in the real world? How much progress has been made developing coherent systems? If good examples of service integration can be found, which factors contributed to the success of these efforts? Do the experiences of local practitioners provide lessons for others interested in improving services for their clients?

In 2002, the Rockefeller Institute of Government conducted field research in local offices in 12 states in an attempt to answer these questions. The research focused on efforts to integrate services in income support programs, such as Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps, with services in other human service domains, such as employment and training programs, child care programs, and child welfare programs. Fortunately, the answer to the first question above is, “Yes, there are real, functioning examples of service integration.” These sites provide the opportunity to learn more about the nature and scope of such efforts. This report is a summary of the findings from this research.

While it was clear during discussions with hundreds of human service professionals that service integration is challenging, they were universally excited about their work. Staff and managers believe that they have seen a better way of doing business. They say that they would never go back.

But what is service integration? There is no single answer. Based on observations at the sites visited for this study, service integration involves a combination of strategies to simplify and facilitate client access to benefits and services. Each site has implemented a distinctive mix of strategies, processes, and partner agencies.

Understanding local systems was one of the intriguing and challenging aspects of this study — local human service systems are complex and varied. Differences in governance structures, client populations, local politics, economic conditions, office procedures, program policies, and the personalities and skills of local agency managers all play a role in shaping the network of human service programs and the strategies chosen to streamline service delivery.

How does one determine whether services are integrated? The key, at least for this study, was to look at human service systems from a client's perspective. How difficult is it to obtain multiple benefits and services? If families with multiple needs must interact with many offices and caseworkers, with little coordination or communication between program offices, the system is not integrated. Finding examples of service integration meant locating sites where a number of strategies had been implemented to eliminate navigational barriers and bridge gaps between programs and service providers. We soon discovered that the best place to look was at the local level where clients interact with service providers.

What are some of the strategies for bridging the gaps between programs? To simplify thinking about service integration, strategies can be grouped as *administrative* and *operational*. Administrative strategies are behind-the-scenes changes that enable improvements in client services. Strategies include: reorganizing government agencies to consolidate program administration and functions; increasing the number and types of service providers; and blending funding streams. Operational strategies, perhaps more obvious because they more directly affect client/worker processes, include: collocating staff from multiple programs and organi-

zations in one-stop offices; developing common client intake, assessment, and case management processes; and integrating staff from multiple agencies into teams. The most comprehensive examples of service integration occurred in locations where both operational and administrative strategies were implemented, and where one of the most common divisions between programs — between income support and child welfare programs — was addressed. In El Paso County, Colorado, and San Mateo County, California, routine interactions between income support and child welfare caseworkers are built into the larger structure of service integration.

Will implementing some or all of these strategies result in an integrated system? Perhaps. But suggesting that these strategies are the entire story would be a mistake. Other factors present in most of the study sites had a significant impact on whether particular strategies were successfully implemented. These factors include: effective leadership; skillful management; community involvement; strong political support; simple governance structures; a clear mission that is regularly reinforced; adequate resources; a willingness to experiment, take chances, and occasionally fail; open communication processes; and plenty of teams, meetings, patience, and time.

Two other factors should not be ignored — the effect of welfare reform and the strong economy. While many efforts to integrate services predate 1996, the TANF program, with its strong signals about employment, self-sufficiency, and the expectation that states should provide services to support work, has reinforced integration efforts. Many of the service integration projects in this study involve TANF, employment and training programs, and services to support work. The devolution of decisionmaking to states, second-order devolution to local governments, the flexibility of TANF funds to provide a wide range of services, and the strong economy (which accelerated caseload reductions and freed additional funds), created an environment in which local program managers have been able to increase services, connect programs, and implement innovative processes designed to simplify access to those services.

Because the economic bouyancy of the 1990s has slowed down, the local service systems that have been built at these sites are facing new challenges. Nevertheless, the strategies that they have imple-

mented, and the critical factors that have contributed to their successes, provide lessons for a major systems' building efforts.

Conclusions in Brief

- ❖ Service integration is, for the most part, local;
- ❖ Integrating services takes sustained effort — it is hard work;
- ❖ Though the concept of service integration may seem simple, it really isn't; the best examples occur where a combination of multiple administrative and operational strategies have been implemented;
- ❖ Regardless of the particular strategies implemented, achieving results requires a focus on improving client services;
- ❖ The effects of service integration are not well documented or assessed;
- ❖ Staff and managers at service integration sites are energized and enthusiastic supporters of the concept;
- ❖ The major challenges to achieving integrated services are managerial, rather than programmatic. Strong leadership and sound management are critical.

This last, and perhaps most important lesson, that service integration is about people and processes more than about program policies, has implications for discussions related to the reauthorization of a number of federal programs (e.g., TANF and the Workforce Investment Act (WIA)). It would be a mistake to assume that changes in program eligibility criteria and other changes within individual programs will in and of themselves foster improvements in service delivery. The most important factor is the capacity of local officials and their staffs to take on the challenges of reform, to nurture and sustain efforts over a significant period of time, and to move beyond the narrow focus of individual programs, with the goal of improving the lives of the people they serve. There will always be program rules. The trick is learning how to work within the rules to achieve broader goals.

Building Better Human Services Systems: Integrating Services for Income Support and Related Programs

Introduction

Beginning in December 2001 and continuing through the end of 2002, I visited approximately 60 sites in 12 states where preliminary evidence suggested that significant progress had been made to build comprehensive human service systems. Funded by a grant from the Annie E. Casey Foundation's Casey Strategic Consulting Group,¹ the purpose of the visits was to examine the nature of service integration and document effective strategies, critical success factors, and lessons learned at each site.

Before describing these strategies, success factors, and lessons learned, this report provides background information regarding the subject of service integration, the methodology for gathering information, and a description of an approach for analyzing human service systems to determine the level of integration. Finally, the report addresses two questions — what are the effects of service integration and how common are integrated systems — and suggests that there is need for additional research. Attachments include a list of relevant websites, contact information, and additional materials that expand on issues discussed in the report. The report is a synthesis of information gathered at the study sites, with excerpts from individual site visit reports, which provide more detailed information.²

The research focused on efforts to integrate services in income support programs, such as Temporary Assistance for Needy Families (TANF) and Food Stamps, with services in other human service domains, such as employment and training programs, work supports, and child welfare programs. During the course of the research, examples of integration in other human service program domains, such as programs for the aging, were identified. While there are clearly lessons to be learned from these efforts,

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- 1 The Casey Strategic Consulting Group, a relatively new enterprise of the Annie E. Casey Foundation, was created to provide capacity to consult with human service leaders and their organizations to bring about the reform of public human service systems.
 - 2 A number of site visit reports and additional documentation are available on the Rockefeller Institute of Government's website at http://www.rockinst.org/quick_tour/federalism/service_integration.html.

the focus of this study was on efforts related to income support programs. The study was not a survey. There are undoubtedly many other locations where state and local officials have made significant progress to connect and integrate services. It is my hope that the sites highlighted in this report are sufficiently representative of all such efforts.

Background

Terminology

One of the challenges in writing this report, and in conducting the research for the study, was the lack of precision and universality of terminology used to describe human service programs, efforts to improve services, staff position titles, administrative processes and structures, etc. What were “integrated services” in one location would have been considered “just collocation” in another. “Family and Youth Programs” in one location might include programs to protect youth and support family stability, such as child protective services, domestic violence, and foster care programs, while in another location the term might also include income support programs, such as TANF and Food Stamps. Indeed, the term “human services” means different things to different people.

The subject of this report, and the larger study, is comprehensive service reform, and more specifically, service integration. Neither term has an absolute meaning, but in an attempt to avoid confusion, definitions of these terms as used in this report are included below.

Service Integration — Streamlined and simplified client access to a wide range of benefits and services that bridge traditional program domains. Examples of such traditional program domains include income support programs, such as TANF, Medicaid, Food Stamps, and emergency assistance; work supports, including child care and transportation assistance; employment and training programs, such as Workforce Investment Act and Wagner-Peyser programs; child support enforcement programs; behavioral and mental health programs; and child welfare and related programs, such as foster care, adoption assistance, and child protective services. The term service integration means many things to many people. For some it is a process, the process of implementing strategies in order to integrate services; for others it is a condition, where client services are integrated; for others, it is both. *Program integration*, in which program

rules are changed to harmonize programs, is often associated with service integration, but was not described as a critical factor at the study sites and was not a focus of this study.

Comprehensive Service Reform — Efforts to improve the delivery of services that bridge traditional program boundaries. In this paper, the term comprehensive service reform is used to acknowledge efforts that have not yet achieved integration, either because that was not the goal of program administrators, or because their efforts had not yet progressed to the point of integration. An example is perhaps the best way to illustrate the point. At one site, multiple county programs were moved from separate locations to a new facility where all of the services are now collocated. However, within the building, the programs operate in much the same way as previously — there is little coordination, information sharing, or staff interaction. Thus, while there is some improvement in client services in that it is now easier for a client to locate various programs, the system would not be considered “integrated.”

Human Service Programs — The broad range of federal, state, and local governmental and private programs designed to improve the health, stability, safety, and economic self-sufficiency of individuals and families. The range of programs includes income support programs; employment and training programs; employment support programs, such as child care; housing programs; child and adult protective services; child welfare programs; basic health and behavioral health programs; programs for the disabled and aging; alcohol and drug treatment programs; and others.

Efforts to Integrate Services/Service Integration Project — While in many of the sites integration of services was an explicit goal, in other sites, it was less so. Because the focus of this study was service integration, something of an artificial construct is necessary for the purpose of analysis. In most of the sites, service integration was one component of broader comprehensive service reform efforts. In some sites, service integration was not the highest priority — in fact, in some of the sites, the term was not commonly used to describe efforts to bridge gaps between programs. In order to facilitate analysis, this report refers to “efforts to integrate services” and “service integration projects” as if ac-

tivities related to service integration were somehow more free-standing than they actually are in most of the sites. The strategies that contribute to an integrated approach, listed below, are implemented for many reasons, one of which may be the integration of services. In combination, these strategies can have synergistic effects, including better service delivery. For example, reorganizing government offices may be undertaken for reasons other than service integration, yet may nevertheless have a significant facilitating effect on service integration efforts.

The Purpose of Comprehensive Service Reform and Service Integration

While there may be confusion over terminology, the one thing that is nearly universal regarding comprehensive service reform and service integration is the goal — to improve client outcomes by providing more effective and efficient services. While the later goal, efficiency, is a relatively common reason for attempting service reform, it is more a byproduct than the primary goal, effectiveness. At least within the context of the sites visited for this study, the explicit goal of service reform was to provide services more effectively in order to increase the likelihood that clients will benefit from those services. Specific programmatic goals may differ, whether they be family stability, self-sufficiency, community well-being, or child safety. Regardless, the larger purpose is to improve outcomes for individuals and families through a more holistic approach to service delivery.

Service integration is a concept that has great appeal because it promises to increase the likelihood that each program will benefit when services are delivered in a more coherent and coordinated manner. The appeal of service integration seems to be intuitive (discussed below in the section entitled “What difference does it make?”). When program managers were asked why they had embarked on what appears to be an involved and time-consuming effort to build comprehensive systems, the answer was almost universally, “It just makes sense.” Their motivation was not a study that documented how service integration strategies produce positive results. These managers and political leaders have turned to service integration as a response to their frustration with the confusing, redundant, sometimes contradictory nature of most human service networks. They *believe* that service integration is better for clients. A child welfare caseworker at one site said, “Each program succeeds when the client succeeds.” Ensuring that a TANF client receives timely and appropriate work sup-

ports is critical to program success. Failure to connect a client with a key service, such as child care, may prevent a family from becoming self-sufficient. As a manager at another site put it, “It’s about getting just the right services to clients at exactly the right time.”

Human Service Systems

For many years, practitioners have known that the term “human service system” is something of an oxymoron. In most locations, human services at the local level is not a system, but rather a patchwork of separate programs, each with its own goals, rules, bureaucracies, funding mechanisms, and service delivery processes. A typical human service system might include: income supports at a local office of the state department of human services; child support enforcement administered by the county district attorney’s office; child welfare and protective services, also administered by the county, but in a third office; the Workforce Investment Act “one-stop,” with job training programs, displaced worker programs, and state employment services, in a fourth location; and mental health counseling and drug and alcohol programs provided by a nonprofit agency in a fifth location. Needs such as housing, child care resource and referral, education, and basic health services might be addressed in still other locations. This is not a true system; it is a mix of “stovepipe,” or “silo” programs and services, many serving the same populations, but with little direct interaction, sharing of information, or coordination.

That the typical network of human service programs is not actually a system is not hard to understand. These programs were not designed as a system. Human service programs were designed piecemeal: they were created at different times, have different funding mechanisms, are administered by different levels of government or by private organizations, and have different goals, rules, and administrative processes. It is not surprising that clients and practitioners see the “system” as confusing and difficult to manage.

Welfare reform provided additional impetus, as well as the policies and resources, to do something about it. But for changes in policy and devolution of responsibility to states and local governments to make a difference in the real world, implementation is key. Policy must be translated into successful interactions between caseworkers and clients. The challenge at the local level is to build connections between the stovepipes, creating a coherent system that responds to local needs, and to the extent

possible, functions as “a group of interacting, interrelated, or interdependent elements forming or regarded as forming a collective entity.”³

And it is at the local level where, in addition to implementing new policies, practitioners are creating new systems for delivering services in order to reach the goals of self-sufficiency and family stability that are at the heart of welfare reform. In the 1990s, a number of states and counties significantly restructured human service systems to provide better access to benefits and services at the local level.

The recent economic downturn will no doubt have a significant impact on these processes, but the effects of the changing economy are just now being felt. This report is about efforts to build responsive human service systems during the last decade.

Efforts to reform the delivery of human service programs take many forms and involve differing mixes of programs at each site. Early on in discussions regarding the design of this study it was determined that research should focus on a core set of programs in order to, at least to a limited extent, permit comparison between sites. The programs that served as a starting point in the research were income support programs — TANF, Medicaid, and Food Stamps. While there are many examples of comprehensive service reform within other human service program domains (e.g., health programs, programs for the aging), the focus of this research, and the perspective from which the analysis in this report flows, is income support programs, the federally supported safety net programs that exist throughout the country.

Methodology of This Study

Information for this report was gathered by conducting on-site interviews in the states listed in Table 1 between December 2001 and December 2002. Additional information was gathered by telephone, and in return visits to offices in California, Colorado, Ohio, and Oregon. The first round of visits was designed to gather sufficient information to determine the nature, scope, scale and extent of integration. Return visits to the four states were intended to gather additional information with a focus on determining the effects of efforts to integrate services.

3 Definition of “system” from the *American Heritage Dictionary of the English Language*, Houghton Mifflin Company, Boston, MA., 1976, p. 1306.

Table 1 Study Sites in Chronological Order
12/01 — <i>Oregon</i> — State offices in Salem; local offices in Coos and Jackson Counties
01/02 — <i>New Jersey</i> — State offices in Trenton; local offices in Atlantic and Ocean Counties
02/02 — <i>Georgia</i> — Local offices in Bibb County
02/02 — <i>Pennsylvania</i> — Local offices in Allegheny County
03/02 — <i>Virginia</i> — Local offices in Fairfax County
04/02 — <i>Nebraska</i> — State offices in Lincoln; Local offices in Lincoln, Gage and Seward Counties
04/02 — <i>Colorado</i> — Local offices in Mesa and El Paso Counties
05/02 — <i>California</i> — Local offices in San Mateo County
06/02 — <i>Ohio</i> — Local offices in Montgomery County
07/02 — <i>Wisconsin</i> — Local offices in Racine and Kenosha Counties
07/02 — <i>Minnesota</i> — Local offices in Anoka and Dakota Counties
09/02 — <i>Kentucky</i> — State offices in Frankfort and local offices in Jefferson County

Research to determine potential study sites involved contact with a number of national representative organizations, including the American Public Human Services Association, the National Governors Association, the National Association of Counties, the federal Department of Health and Human Services' Administration for Children and Families, the Rockefeller Institute's team of local researchers, and other sources. Additional information on potential sites was provided by local program managers.

Initially it was hoped that in addition to locating sites where significant progress had been achieved to develop integrated service delivery systems, sites could be located where information technology had facilitated efforts to integrate. However, after the first few site visits, it became clear that, with few exceptions, human service information systems were more often viewed by local staff as a barrier. At that point, the study focus was

broadened to include sites where there was an indication that local program managers had achieved some success in integrating services, regardless of the role of information systems. The study sites chosen represent a mix of administrative structures, demographics, and approaches to service integration. There were and are other potential study sites — those selected hopefully represent the larger universe of service integration efforts.

Information for the study was gathered through in-person interviews with more than 200 managers, staff, and political leaders, with additional discussions at meetings and case staffings. More than 60 sites in 12 states were visited for the study. Most of the interviews took place in county offices, though in some states (particularly those where income support programs are administered by the state), managers in the state capital were also interviewed.

Determining the Extent of Service Integration

At the Human Services Agency in El Paso County, Colorado, managers shared a method for analyzing cross-program interactions that they have used to plan changes in the county’s service delivery system. Their “service delivery operations continuum” places program interactions in the following categories:

Communication↔Cooperation↔Coordination↔
Collaboration↔Integration↔Consolidation

Staff determine where the relationships between programs fall on the continuum, as well as where they believe they should be. Their goal is to create interactions that are further to the right on the continuum — where there is greater collaboration and integration. (Appendix 1 includes more detailed information on the continuum.) Staff cautioned that the optimum level of interaction is not necessarily the same for all programs. In some cases, cooperation and coordination are fine. But in general, they attempt to create relationships where there is a high level of collaboration and integration.

For this report, the methodology was useful for analyzing how local efforts to streamline service delivery have progressed and to determine which are the better examples of comprehensive systems. By this logic, systems that exhibit collaboration, integration, and consolidation are more comprehensive than those in which interactions involve only communication, cooperation, and coordination. Of the sites visited, perhaps the most

advanced example of a comprehensive system designed to achieve service integration is in San Mateo County, California, where program managers have implemented a wide range of strategies to create a responsive, client-focused human service system (see box on the next page).

Other locations that have made significant progress along the service delivery operations continuum include Mesa and El Paso counties in Colorado, Jefferson County in Kentucky, Montgomery County in Ohio, Coos and Jackson Counties in Oregon, Anoka and Dakota Counties in Minnesota, and Racine and Kenosha Counties in Wisconsin.

While there is no absolute measure that distinguishes a system that is attempting to integrate services from one that has achieved service integration, there are common characteristics, the absence of which would indicate that a system is not yet integrated. Researchers at the Urban Institute have defined service integration as being “characterized by features such as common intake and ‘seamless’ service delivery, where the client may receive a range of services from different programs without repeated registration procedures, waiting periods, or other administrative barriers. In contrast, coordinated systems generally involve multiple agencies providing services, but clients may have to visit different locations and re-register for each program to obtain services.”⁴ In this study, the goal was to locate sites where the processes that most directly affect clients — intake, assessment, and ongoing case management — were integrated across multiple programs and services.

Significant Variation Between Sites

No two service reform projects are alike. Numerous variables interact to shape these efforts. Based on observations at the sites visited for this study, the combination of variables — the environment in which the projects operate — as well as the presence or absence of critical success factors, described below, all have an impact on the nature of service reform efforts. In addition to differences in local demographics, politics, economic conditions, and programmatic emphases, other variables make cross-site comparison difficult.

4 Pindus, Nancy, Robin Koralek, Karin Martinson, and John Trutko, “Coordination and Integration of Welfare and Workforce Development Systems,” Washington, D.C.: Urban Institute, 2000, p. 4. Available on the website of the Promising Practices Network at <http://www.promisingpractices.net/ssd/ssd2a.asp>.

Service Integration in San Mateo County, California

The Human Services Agency (HSA) of San Mateo County is a large organization that includes a wide range of human services programs in a single administrative unit. Income support programs, employment and training programs, youth and family services, housing programs, vocational rehabilitation services, and alcohol and drug services are the responsibility of a single director of human services. But the story doesn't end there. HSA has gone well beyond reorganization, implementing management and staff processes that are designed to facilitate the delivery of services to county residents. Examples of these processes include:

- ❖ **Regionalization** — HSA offices are located throughout the county. Staff and managers in these offices have flexibility to implement policies in ways that meet local needs.
- ❖ **Matrix Management** — Managers have dual responsibility. They are responsible for office operations within a region *and* for policy in areas of individual specialization. For example, one regional director is responsible for operation of offices within his region and for policies and processes, agency-wide, related to youth and family services.
- ❖ **True One-Stop Access to Services** — One-stop offices in San Mateo County are truly one-stop. Clients have access to a broad range programs in a single location.
- ❖ **A Common Intake Process** — The county has implemented a common intake process in which staff trained in multiple programs use a comprehensive screening and assessment tool to determine client needs.
- ❖ **Family Self-Sufficiency Teams** — Multidisciplinary teams that include county staff representing multiple programs as well as service providers meet weekly to review cases and recommend appropriate services and benefits.
- ❖ **Information Systems Support** — HSA has developed and implemented a common case management and client tracking system (SMART) accessible to all staff. The system is linked to a data warehouse that provides information for management decisionmaking.
- ❖ **Collaboration with Community Partners** — HSA works closely with 17 Family Resource Centers and 7 Core Service Agencies that provide a range of services to county families, all of which are connected to HSA via the SMART system.

- ❖ *Governance Structures* — The governance structures of agencies involved in efforts to improve the delivery of human services vary significantly from location to location. In some states, state staff administer core programs, such as TANF and Food Stamps. In other states, often those with the largest populations, such as California and New York, counties are responsible for program administration — county workers staff local offices. This fundamental difference appears to strongly influence reforms. The more advanced examples of service integration in this study tended to be in locations where county governments are responsible for program administration, and in particular, where a single county agency is responsible for a wide range of human service programs. This may be a consequence of the proximity (both bureaucratically and geographically) of program administrators to the client/caseworker level in county-administered sites. In addition, administrators at these sites often have both administrative and operational responsibilities, and in many cases, their responsibilities involve multiple programs. Nevertheless, there are examples of service integration in study states where income support programs are administered by the state, though the impetus for reform and most of the activity even in those sites was local (e.g., Jackson and Coos counties in Oregon, Jefferson County in Kentucky.)
- ❖ *Scope* — There are significant differences between sites related to the scope of efforts to integrate (the number of programs included). For example, some projects involve integration of income support and employment and training programs, in many cases, motivated by welfare reform. Others have a broader scope, including child welfare programs with income support and employment and training programs.
- ❖ *Scale* — There are also major differences in the scale (the size of the population potentially affected) of efforts to integrate. In some locations, only one part of a larger human service system might be involved. For example, the Rogue Family Center in Jackson County, Oregon, one of the most advanced examples of service integration in this study, serves a relatively small portion of the county's population (additional efforts are occurring in other parts of the county as well). In other locations, reform is occurring on a much broader scale, such as the integration of human service programs throughout relatively large

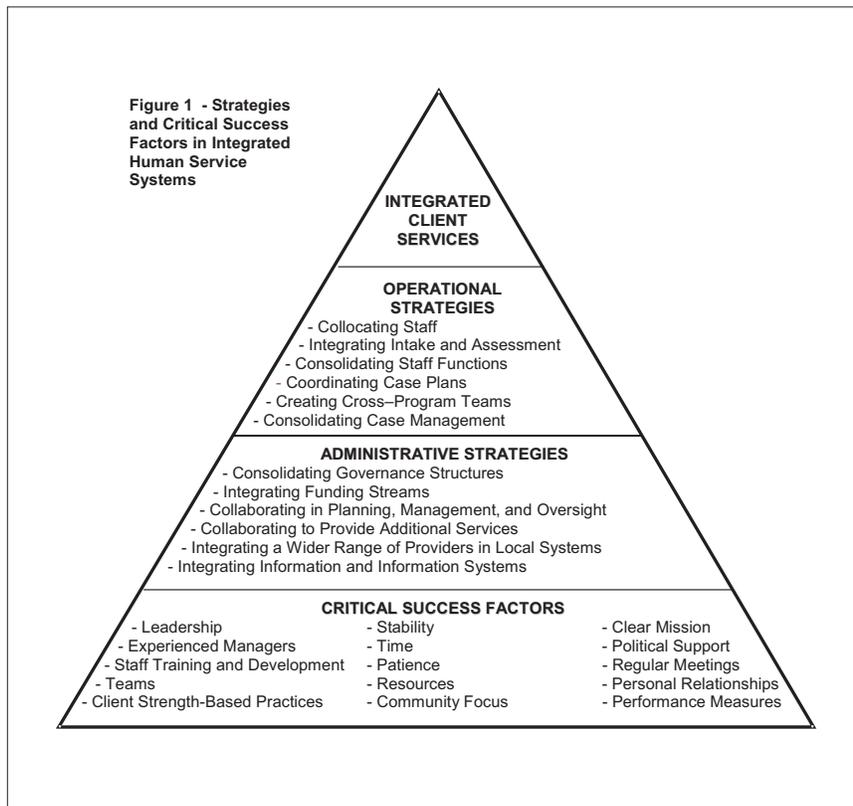
counties, such as San Mateo County in California and Montgomery County in Ohio.

- ❖ *Target Populations* — In many locations, efforts to integrate services are focused on specific target populations, rather than an entire local system. For example, in Fairfax County, Virginia, major initiatives target the aging population, health services, and at-risk youth. Many sites have developed teams that focus on families about to time off of TANF, including Montgomery County, Ohio, and Jackson County, Oregon.
- ❖ *Number of Projects* — In most of the sites visited, there were numerous, often inter-related efforts to reform service delivery, rather than a single, clearly defined effort. In El Paso County, Colorado, when asked to describe efforts to integrate services, managers described a large number of projects, including efforts related to child welfare/income support integration, teen self-sufficiency, fathering, early childhood learning, kinship services, family support, and others.

Putting It All Together

Regardless of the variations between sites, one fact became clear as research for this study progressed. Service integration is not a simple, stand-alone project that involves something as seemingly simple as collocation of staff from multiple programs. Service integration occurs where a combination of operational and administrative strategies is employed in an environment in which critical success factors facilitate their implementation. Figure 1 below illustrates this concept.

Integration of client-related processes, such as intake, assessment, and case management — what most people think of as service integration — is only the most visible feature of an integrated human service system. To get to that point, the tip of the pyramid in Figure 1, many incremental steps were taken. For each strategy, teams were formed, decisions were made, responsibilities were assigned, resources were identified, resistance was overcome, politicians were convinced, procedures were changed, staff were trained, and infrastructure was realigned. Critical success factors, such as leadership and community involvement, helped make these steps possible.



Service integration is about more than making a few procedural changes. It is about institutional change to create a more coherent — a holistic — human service system.

Strategies for Comprehensive Service Reform: Collaboration, Integration and Consolidation

As stated above, one way to think about service integration is as a combination of strategies designed to improve the delivery of services. These strategies can be characterized broadly as *administrative* and *operational*. Administrative strategies are behind-the-scenes changes that enable improvements in client services, including changes in the structure of the agencies administering human service programs, an increase in the number and types of service providers, blending of funding streams, and integration of client data in shared information systems. Operational strategies, which more directly affect casework practices and client-related processes, include collocation of multiple programs in “one-stop” offices, common

client intake, assessment, and case management processes, and integration of staff from multiple agencies into teams. In all of the sites visited, the ultimate goal of these changes, either explicitly or implicitly, was to create a system that improved program outcomes for clients.

Administrative Strategies

❖ **Consolidating Governance Structures**

In many of the sites, efforts to simplify the service delivery system began with or were supported by a reorganization of government agencies. This reorganization occurred in some locations at the state level, in other locations at the local level, and in some cases, both. The Oregon Department of Human Services recently underwent a major reorganization of departmental offices in order to consolidate management and operations of the department's many programs at the local level. In Ohio, the state's Labor and Human Services departments were merged to create the Ohio Department of Jobs and Family Services. The Nebraska legislature enacted legislation that reorganized the Aging, Health, Public Institutions, Social Services agencies, and the Office of Juvenile Services, creating the new Health and Human Services System.

Many of the counties visited for this study have consolidated multiple county-administered program offices into one large, human service office. The San Mateo County Board of Supervisors consolidated several program offices in the Human Service Agency. In Allegheny County, Pennsylvania, a new Department of Human Services was created by consolidating four separate program offices. Of the sites visited, the coun-

Anoka and Dakota Counties in Minnesota

In Anoka and Dakota counties, a single county agency administers most human service programs, including: income support programs; child and adult protective service and child welfare programs; child support enforcement; housing programs; workforce development programs, including the Workforce Investment Act one-stop job center; programs for seniors; mental health and public health programs; the developmental disabilities program; and what is most unusual, community corrections, which includes court services, adult and juvenile probation, and detention facilities.

ties with the most extensive program reach were Anoka and Dakota counties in Minnesota.

The most comprehensive examples of service integration in the sites visited were in locations where the county agency administering income support programs also runs the local Workforce Investment Act one-stop. In these sites, the level of integration of income support and employment and training programs was the most complete. Examples include San Mateo County in California, Montgomery County in Ohio, Racine and Kenosha Counties in Wisconsin, Anoka and Dakota Counties in Minnesota, and Mesa County in Colorado.

The Mesa County, Colorado Workforce Center

For clients, the integration of services at the Workforce Center means that in addition to employment-related services, supportive services and financial assistance are also readily available. When clients first visit the Center, the receptionist determines whether they are seeking only employment services. If so, they are directed to the appropriate location in the office. Clients who express a need for other benefits and services participate in a process that, while clearly focused on employment, is designed to address other needs. Clients first participate in an employment workshop and are given an application packet to complete. At a second visit soon thereafter, clients attend a class in which the various benefits and services, including child support enforcement and income support programs, are described, and the application is taken. During the next few days, eligibility for TANF and other programs is determined, and clients are scheduled for a three-day class called “Pay It Forward,” which emphasizes client strengths in the development of Individual Responsibility Plans.

❖ Collaborative Planning, Management, and Oversight at the Local Level

In many localities, a board or similar body composed of community leaders and local program managers is involved in planning, setting goals, and developing strategies to meet the needs of the local population. These bodies meet regularly, and as a consequence, the members develop cooperative working relationships, which often serve as an example for staff. In Fairfax County, Virginia, the Human Service Council, which is comprised of citizens appointed by the County Board of Supervisors, analyzes local needs, assists in establishing strategic goals, facilitates the coordination of human service providers, and acts as a liaison between human service organizations and the community.

In a number of sites, including Racine and Kenosha counties in Wisconsin, Montgomery County in Ohio, and Jefferson County in Kentucky, managers from the agencies that provide services in one-stop locations work together to make decisions about the everyday functioning of collocation sites. Managers meet regularly to address service needs, take responsibility for tasks, allocate staff, etc. In Jefferson County, managers from the partner agencies have been meeting nearly every week for a decade managing the Neighborhood Place initiative.

❖ **Collaborating to Provide Additional Services**

The Montgomery County Department of Jobs and Family Services is using TANF and other funds to support a network of local organizations that provides community-based services. Called Targeted Community Based Collaboratives and recently recognized with an award from the National

**Neighborhood Place in Jefferson County, Kentucky
— Education Reform Leads to Changes in Local
Human Service System**

In response to a ruling by the Kentucky Supreme Court that the entire state system of elementary and secondary education was unconstitutional, the state legislature enacted the Kentucky Education Reform Act of 1990. The court's decision required the state legislature, which is responsible for providing a common school system throughout the state, to create a new system of education.

Along with setting educational goals, establishing an assessment process, changing governance and funding, among other provisions, the legislation created Family Resource and Youth Services Centers (FRYSCs). The purpose of the FRYSCs is "to assist students and families in need, by providing resources and referrals to service agencies in the community, so that students can focus on learning."⁵ The centers are located in or near schools in which at least 20 percent of the students qualify for the federal free/reduced lunch program. The logic for the creation of the centers is that unmet needs, such as nutrition, can prevent students from learning. Social workers in the FRYSCs refer students and their families to community resources to address needs that cannot be met at the FRYSCs.

(Continued)

5 *A Citizen's Handbook: The Kentucky Education Reform Act*, Legislation Research Commission, Frankfort, Kentucky, October 1994, p. 14.

The problem in Jefferson County was that the local human service system was not configured in a such a way as to complement the referral process. Human services, to the extent that they were available, were centrally located in downtown Louisville. In essence, there were few service providers in the local communities where the FRYSCs were located, and the services that were available were not adequate to respond to referrals from more than 100 FRYSCs that Jefferson County Public Schools was qualified to open.

The leadership of the Jefferson County school district (a single school district serves the entire county) began to meet informally with peers from human service agencies and community organizations in order to address the problem. After failing to convince the state to allow FRYSCs to be centralized to better fit the county human service system, they began to develop a plan to collocate services in local communities. The pilot site, now aptly entitled “First Neighborhood Place,” opened in 1993.

During two years of planning by an informal group of agency and community representatives, decisions were made to formalize processes that have shaped the implementation of the system.

Key decisions included:

- ❖ Voluntary involvement of the Neighborhood Place partner agencies;
- ❖ Common training in family-centered practice for all staff;
- ❖ Structuring management processes and responsibilities;
- ❖ Maintaining cost neutrality by using existing staff and resources, and phasing in implementation;
- ❖ Including at the sites only those agencies that could provide staff and/or financial resources;
- ❖ Developing standard client processes;
- ❖ Emphasizing community involvement in decisionmaking;
- ❖ Developing a shared vision and philosophy.

Association of Counties, these local organizations provide a range of supportive services, such as family crisis intervention and youth mentoring programs, which complement services provided at the county’s Job Center.

In Bibb County, Georgia, the local office of the Georgia Division of Children and Family Services, working with local service providers and the city of Macon has developed a number of collaborative projects to bring

needed services to local families. Collaboratives include a pediatric clinic, a residential drug and alcohol treatment facility for young mothers, and an alternative education facility for pregnant and parenting teens.

Bibb County, Georgia Substance Abuse Treatment Center

The Substance Abuse Treatment Center is a residential program that allows mothers to receive treatment for substance and alcohol abuse and related problems. Children may reside with their mothers in the facility during treatment and are not placed in foster care. Pregnant women receive an easily accessible, comprehensive array of services including prenatal care, drug and alcohol treatment, individual and group counseling, parenting skills, money management, family planning and other supportive services. This project, currently located in a former school building, is co-sponsored by the Bibb County Department of Family and Children's Services (a state office, which provides an on-site caseworker), River Edge Behavioral Health Services, and the Bibb County Economic Opportunity Council.

❖ Integrating Funding Streams

The ability to use TANF funds for a wide range of services gives local managers the flexibility to combine TANF and other funds to simplify administration and to provide services that might otherwise be unavailable if each funding stream had to be segregated. The U.S. General Accounting Office, in a recent study of the level of coordination between Workforce Investment Act and TANF programs, reported that "Many state and local officials hailed the flexibility in both the WIA and TANF programs as an important step in helping them to design their service delivery systems and to coordinate services where appropriate."⁶ In Racine County, Wisconsin, staff combine TANF, WIA, Food Stamp Employment and Training, and other funds to create one system of services for all clients who come to the Racine County Workforce Development Center, a one-stop location for all human service programs in the county. In San Mateo County, California, financial management staff work with more than 150 federal, state, and lo-

6 *WORKFORCE INVESTMENT ACT: Coordination of TANF Services Through One-Stops Has Increased Despite Challenges*. Statement of Sigurd R. Nilsen, Director, Education, Workforce, and Income Security Issues, U.S. General Accounting Office before the Subcommittee on Employment, Safety, and Training, Committee on Health, Education, Labor, and Pensions, U.S. Senate. GAO 02-739T, U.S. General Accounting Office, Washington, D.C., May 16, 2002, p. 23.

cal funding sources in what they called a “braided funding” configuration to maximize the level of services available in the county.

❖ **Integrating a Wider Range of Service Providers in Local Systems**

With funding from TANF and other programs, an increasing number of organizations provide core and supportive services. Private, nonprofit, community-based, faith-based, and for-profit organizations are involved in planning and delivering the full range of services, including employment and training programs, counseling, basic and behavioral health services, case management services, and more.

In addition to providing services, in many locations private providers are being integrated into what have traditionally been governmental processes. In Montgomery County, Ohio, Goodwill Industries provides case management services at the Job Center. In El Paso County, Colorado, staff from Goodwill Industries provides employment-related services in the county’s Department of Human Services office. At the same location, representatives of the Faith Partners program connect agency clients on a voluntary basis with church members who provide mentoring support in the transition from welfare to work.

**El Paso County, Colorado
Faith Partners Program**

This is a faith-based mentoring program formed by several local churches in response to welfare reform. Faith Partners assists individuals and families to leave welfare dependency by providing supports to assist in the transition. Mentoring teams of volunteers from the member churches lend encouragement and support, and provide life skills coaching to families. A team of approximately five volunteers who have committed to serve for one year is assigned to each family in the program. DHS provides access to these services by asking clients if they are interested in the program. If so, volunteer coordinators, who are located in the DHS office, make arrangements for a team to begin working with the family.

Combining employment and training programs, such as those provided by the Workforce Investment Act, and income support programs in seamless systems can bring other nontraditional partners into the mix. This can help ensure that the services provided in the one-stop office meet a

broader range of community needs, blurring the lines between traditional welfare programs and employment-related programs, and reducing the stigma associated with welfare. One example is the Workforce Development Center in Racine, Wisconsin.

The Racine County Workforce Development Center

One of the unusual features of the Racine Workforce Development Center is the extent to which services for employers, as well as job seekers, are provided. Providing quality services to both groups is viewed as essential to the economic prosperity of the community. Evidence of this dual emphasis is found in the mix of partner agencies that not only support the work of the Center, but also provide services in the building. The local chamber of commerce (Racine Area Manufacturers and Commerce) and the Racine County Economic Development Corporation, as well as staff from other organizations, make up the Employer Services Functional Team. The inclusion of staff and management of organizations that focus on economic development helps ensure that the Center is a valuable resource to employers and that employee development activities are in step with employer needs.

❖ Integrating Information and Information Systems

A common complaint among human service practitioners involves restrictions on information sharing due to privacy concerns and the related issue of the limitations of current information systems to share data across programs. One low-tech solution successfully implemented in Oregon and other sites is to secure a release of information from clients that allows programs to share information.

Information systems present more complex challenges, but there are encouraging developments on this front as well. Information systems in most state and county human service systems generally reflect the stovepipe nature of the programs. Large, federally-subsidized, main-frame-based systems have been built over the last three decades in many programs, including income support, child welfare, child support enforcement, and employment programs. These systems are often antiquated, do not use modern technologies, and are not easily adapted to needs such as case management and sharing client information. At the state level, an exception is Nebraska (see box on the next page).

Nebraska's N-FOCUS System

N-FOCUS is a fully automated eligibility determination and case management system that integrates twenty-seven human service programs. It is the only system in the country that has integrated child welfare case management functions in the same system as other human service programs. Built in a client/server environment, the system makes use of rules-based artificial intelligence to determine eligibility for multiple programs, including:

- ❖ Income Support Programs (TANF, Food Stamps, Medicaid)
- ❖ Employment First and Food Stamp Employment and Training
- ❖ Child Care
- ❖ Emergency Assistance
- ❖ Adult Protective Services intake
- ❖ Developmental Disabilities case management
- ❖ Children and Family Services (Child Welfare programs)
- ❖ Social Services for the Aged and Disabled and for Children and Families
- ❖ Refugee Resettlement
- ❖ Medicaid Waiver Programs

In addition to assisting caseworkers in determining eligibility, the system has extensive case management functionality, includes information on available resources and services, and is used to make payments to clients and providers. N-FOCUS electronically interfaces with other state and national systems, such as the state Bureau of Motor Vehicles, Unemployment Compensation, the Internal Revenue Service, and the Social Security Administration.

The One Ease-E Link system under development in New Jersey is another example of a case management, screening, and information sharing system that is available to human service professionals throughout the state. If fully implemented, the system could serve as a statewide tool for managing human service programs. However, business processes in local offices have not been adapted to take advantage of the system, and because it does not interface with legacy systems, workers are reluctant to use it.

There are other encouraging developments at the county level. San Mateo County in California is developing the SMART system, which connects county employees *and* local service providers in a common case management system. Allegheny County, Pennsylvania, has developed the E-CAPS system, which is designed to provide common case management and information sharing for county-administered programs.

Operational Strategies

❖ Consolidating the Location of Client Services — Collocation

As Appendix 2 indicates, the majority of sites visited have developed one-stop offices as a fundamental strategy to improve service delivery. Collocation is, in many instances, a critical step in facilitating the other strategies described below. Indeed, many people associate the concept of service integration with collocation. However, absent other strategies, collocation does not ensure integration of services.

Managers and staff in these sites describe the benefits of collocation in the most glowing terms. They suggest that collocation with other program managers, staff, and service providers improves formal and informal communications, facilitates client-related processes by simplifying access to programs and services, and creates bonds between staff from different organizations. Working together helps staff understand how different programs contribute to larger community goals. The size and scope of these offices vary from small, neighborhood-based offices with a few service providers to an eight and one-half acre building in Montgomery County, Ohio, with 47 service providers (see box on the next page).

❖ Integrating Client Intake and Assessment Processes

In many sites, collocation was one step in a larger effort to simplify and streamline client processes. At the Rogue Family Center in Jackson County, Oregon, staff from each of the approximately 20 programs located at the center spend a few days each month conducting client intake, where they use a standardized assessment tool to determine the need for a wide range of programs and services (see box on the next page).

Montgomery County, Ohio The Job Center

The Montgomery County Job Center is located in what had been a warehouse near the central business district of Dayton. Multiple government and private agencies and service providers currently utilize five and one-half acres of the building, with an additional three acres available for expansion. The building has large areas with cubicles and fully enclosed offices for workers. One part of the building where many of the service providers are located has large hallways, much like a shopping mall. These hallways are used for job fairs that the Center sponsors twice yearly. In 2001, more than 100 employers participated in each of the job fairs.

The county's vision for economic growth in the region — in which the Job Center plays a key role — emphasizes workforce development and services for employers. As a consequence, the majority of programs and services at the Job Center focuses on employment and training and connecting job seekers with employers. Income support and employment programs to assist job seekers are readily available. In the Job Center's 2001 Annual Report, these are termed "get-ready-for-the-workplace" services. In 2001, the number of client visits to the Center exceeded 30,000 per month.

Jackson County, Oregon The Rogue Family Center

The Rogue Family Center was designed from the outset as a site where multiple programs would be provided in an integrated manner. The 25,000 square foot facility houses approximately 55 staff from 21 human service agencies. In addition, located in the building but with a separate entrances are a branch of the county sheriff's office and a Head Start center.

Two managers from different agencies share responsibility for the office, and a Project Integration Team, comprised of management and line staff, plans events, discusses policies, and generates new ideas for the center. Thus, line staff are involved in major decisions that affect center operations.

At the Center, new clients go through a single point of entry/common assessment process. All staff participate in this process on a rotating basis. The primary case manager acts as a navigator and is responsible for working with clients and service providers to ensure that clients comply with case plans. Families with complex problems are invited to participate in developing their case plans, along with the agencies that will provide supports, ensuring buy-in by all parties. Communication across programs and agencies is both formal, through team staffings, and informal, in the open cubicles that form the core of the office layout. Formal team staffing meetings are interdisciplinary and are held monthly.

❖ **Integrating Staff from Multiple Organizations and Programs in Teams**

One of the advantages of collocation is the ease with which staff from multiple agencies can work together. In many locations, managers have taken the opportunity to move beyond collocation to create multidisciplinary teams. In Coos County, Oregon, client intake is conducted by a team from the county office of the state Department of Human Services, the local Community Action Agency, and the nonprofit Women's Crisis Center. In Montgomery County, Ohio, staff from Goodwill Industries work side by side with county employees in Integrated Service Teams.

One of the most notable examples of this type of teaming is found in El Paso County, Colorado. The county's Department of Human Services has adopted a philosophy that seeks to integrate income support programs, such as TANF, with child welfare programs. Typically, these programs are administered separately, even in counties where the same agency has responsibility for both systems. In El Paso County, income support programs are viewed as a form of prevention for child welfare services, such as out-of-home placement. The County has created a number of teams that include staff from income support *and* child welfare programs.

❖ **Coordinating Case Plans**

In order to ensure that case plans for different programs do not conflict, many sites hold regular cross-program team staffings. At these meetings, individual cases are presented, strategies discussed, and information about clients is shared in order to ensure that all programs involved in a case are working harmoniously, rather than at cross purposes. In Jackson County, Oregon, staff from multiple programs and agencies meet regularly in formal case staffings, and informally, across the cubicles, to review cases and coordinate case planning. In some sites, such as in San Mateo County, California, the family is invited to attend the team staffing and provide input as decisions are made regarding the best mix of benefits and services to meet the family's needs.

❖ **Consolidating Staff Functions**

In many locations, staff responsibilities have changed to reflect a service-oriented approach, with staff often combining what were previously separate functions. In Racine County, Wisconsin, initial intake, eligibility

determination and ongoing case management functions for income support programs are the responsibility of “financial employment planners.” In Dakota County, Minnesota, “financial workers” are responsible for intake and ongoing case management for all the county’s income support programs.

❖ **Consolidating Case Management Across Programs**

Perhaps one of the most challenging operational strategies is consolidating case management functions across a broad range of programs, where a single caseworker is responsible for ongoing casework that spans traditional program groupings, such as income support *and* employment and training programs. In fact, there are almost no examples among the study sites where this approach has been implemented, though a number of the sites have consolidated job functions, as described above, but within traditional program groupings.

A factor that distinguishes sites is the breadth of program responsibilities of individual caseworkers. In almost all of the sites, workers continue to specialize programmatically and to a lesser extent functionally. For example, a worker may be responsible only for eligibility determination (as opposed to ongoing case management), and only for a single program, e.g., Food Stamps. Eligibility for other programs is the responsibility of other workers, just as ongoing case management is the responsibility of a case manager, as opposed to an eligibility specialist.

There was, and is, a great deal of variation between sites regarding such divisions of responsibility. Thus, the starting point from which consolidation of case management might occur differs. In an office where there was a great deal of specialization, any consolidation of case management responsibility across programs is significant. In another site, where workers already have multiple program responsibilities, progress would be defined differently.

Given that one of the intended consequences of most service integration initiatives is to reduce the number of workers that clients must interact with in order to receive needed benefits and services, there is much room for progress. Even though the overall number of workers involved in an individual case may be fewer than previously, and there is much more communication and coordination across programs, it is nevertheless true that, generally speaking, many workers are involved when clients need multiple benefits and services. At the study sites, case management across programs

is, at best, coordinated, rather than integrated or consolidated. That is, there is a heightened level of communication between caseworkers, but each maintains a separate case file. Another common approach to reduce redundancy is case management by teams of staff, each with separate responsibility, with lead responsibility for managing individual cases assigned to team members, none of whom is responsible for all possible functions for individual cases.

There are many reasons for the lack of examples of consolidated case management, including non-integrated information systems, policy and administrative differences between programs, and separate funding streams. In many sites, managers believe that a degree of specialization is necessary, and that it is unreasonable to expect caseworkers to maintain detailed working knowledge of a wide range of programs. However, probably motivated in no small part by staff limitations in rural offices that are typical in the state, casework in Nebraska has been consolidated both functionally and programmatically.

Consolidating Case Management Functions In Nebraska

In the mid-1990s, the state conducted a study of caseworker workloads and the division of labor in local offices. The study led to a number of changes. One change critical to the integration of services was combining responsibility for intake and eligibility determination with ongoing casework. The state created a new worker designation, Social Service Worker, with an increase in compensation. Frontline workers would be responsible for not only a wide range of programs and services, but also for intake, eligibility determination and ongoing case management. Social Service Workers are responsible for Aid to Dependent Children (the state's TANF program), Food Stamps, Medicaid and related Medicaid waiver programs, the Children's Health Insurance Program, child care subsidies, Emergency Assistance, Social Services (e.g., transportation, chore services), Developmental Disabilities, Low Income Home Energy Assistance, and in some offices, county General Assistance. Even so, within local offices, two tracks continue to function side by side — Economic and Family Support, and Protection and Safety.

Critical Success Factors

It would be a mistake to assume that policy changes, devolution, and the flexibility of TANF funds will in and of themselves ensure that local systems are improved. As suggested by managers at the study sites, other

critical factors contribute to an environment in which the development of a comprehensive service system is more likely to occur. The absence of any one of the following factors may have a profound negative effect on the development of a comprehensive service initiative.

❖ **Leadership**

Perhaps the single most important factor that affects the outcome of an effort to integrate services is leadership. In the majority of the sites visited, managers traced efforts to improve service delivery to one or a small number of leaders who were able to enlist the support of the human services community. In Montgomery County, Ohio the visionary was a member of the local business community with a keen interest in human service issues; in Jackson County, Oregon, she was a county commissioner who pressed state and local governments to provide better services in an underserved community; in Bibb County, Georgia he was a political leader who had held various city, county, and state offices. These individuals, and others like them in other sites, were willing to push for reform, persuade others to join the cause, invest significant time and effort, and stick with it until the system changed. Equally important is the presence of champions among local program managers, business leaders, and the leadership of community organizations, who turned the vision into reality.

❖ **Management Skills/Experienced Managers**

As should be apparent from the list of strategies above, “keeping all the balls in the air” is key. Designing and implementing strategies, developing positive working relationships with peers in other organizations, motivating staff, maintaining focus on the larger goal of service integration, while simultaneously producing positive programmatic outcomes, all require special, and different, skills.

Senior managers in most of the sites visited had many years’ experience working with human service programs, usually within the same community. This was particularly true in county-administered programs, where there is naturally less movement from one community to another. The experience of these managers both as program administrators and members of the local human service community facilitated efforts to develop connections between programs. Unfortunately, because so many of the senior managers are just that — senior — many will soon retire, creating challenges related to continuity and program knowledge.

❖ **Staff Training and Development**

A common issue mentioned time and again was the need for continual staff training and development. Cross-program training is conducted at regular intervals in almost all of the sites. Managers invest significant time in formal and informal activities to increase cross-program interactions and improve staff morale, such as multi-program staff meetings, birthday parties, and award ceremonies.

❖ **A Willingness to Take Chances, Experiment, and Change**

Managers frequently spoke of their independence from higher-level bureaucracy, that it was better to “ask for forgiveness, rather than permission.” They value the flexibility inherent in the TANF program, which has provided the means to implement innovative and untried strategies. If a new approach is unsuccessful, they are willing to change direction.

❖ **A Clearly Defined, Shared Mission**

Though the specific language varies significantly from site to site, the constant is that each site has a clear mission statement, which was usually developed by representatives of agency management, staff, and community partners. Leaders invested significant effort to develop the mission statements, and reinforce them at every opportunity.

Mission statements range from the simple to the complex. In Anoka County, Minnesota, the mission is “working with people to improve lives.” In Dakota County, Minnesota, it is “efficient, effective, and responsive government.” In El Paso County, Colorado, it is “to strengthen families, assure safety, promote self-sufficiency, eliminate poverty, and improve the quality of life in our community.” In each case, the mission reflects local priorities.

❖ **Community Focus**

As one manager put it, there will never be sufficient government resources to meet all of the needs of poor individuals and families; the community has to be actively involved in efforts to provide needed services. In addition to providing services beyond those available through government programs, a focus on community needs and the involvement of representatives of the community in planning and implementing strategies are necessary to ensure buy-in for efforts to improve service delivery.

One of the most common factors present at each of the sites was a process for securing community input when planning and implementing a service reform effort. Some of these structures are formal, such as the Neighborhood Place Community Council in Jefferson County, Kentucky. Others are less formal, depending more on the relationships of agency directors and community leaders, such as exists in Bibb County, Georgia. In some cases, community leaders were the catalysts for systems reform, such as in Montgomery County, Ohio, where a local business leader spearheaded the initial effort to develop the Job Center. In other cases, government agencies have nurtured community involvement (San Mateo County, California, and Fairfax County, Virginia).

Regardless of the particulars, managers emphasized the importance of community involvement in setting goals and priorities. Focusing on larger community needs, rather than individual program goals, helps ensure community support, facilitates cooperation among partner agencies, and helps direct multiple resources to overcome significant problems.

❖ **Strength-Based, Client-Focused Processes**

Another common characteristic of service integration efforts is client and family strength-based assessment and case management processes. In addition to the focus on client strengths in assessing needs, establishing expectations, and setting goals for clients, many sites include the family when their case is discussed by cross-program teams. These meetings, which are a regular practice in Jackson County, Oregon, San Mateo County, California, El Paso County, Colorado, and other sites, are intended to help clients understand and make informed choices among the range of potential services, to delineate agency responsibilities, and to secure client acceptance of their own responsibilities relative to their case plans.

❖ **Stability**

A common characteristic of many of the sites was the longevity of local leadership. As described below, efforts to reform human service systems do not happen overnight. Some of the sites have been working to integrate service delivery for a decade or longer. In many of these sites, the leaders who shared the original vision have continued to be involved throughout the history of the project. This is perhaps more common in county-administered programs, where there is less movement of managers from location to location than in state-administered programs. These counties also seem less sub-

ject to shifting priorities, as often occurs when a governorship changes hands, and the outgoing governor's priority project loses stature, resources, and momentum. This does not appear to have been the case at many of the sites in this study, particularly those that were essentially county-based.

❖ **Measuring Performance**

Managers pay close attention to performance indicators, including those required by state and federal agencies, as well as locally developed performance and outcome measures. The Job Center in Montgomery County, Ohio contracts for quarterly customer service surveys of job seekers and employers. San Mateo County, California, recently implemented a countywide budget process that links program funding to performance. The system, called Outcome-Based Management and Budgeting, requires the Human Services Agency to set priorities, document accomplishments, and measure performance.

❖ **Personal Relationships**

Managers at the study sites emphasized the importance of their relationships with their peers. Accomplishing the many tasks associated with comprehensive service reform demands frequent interactions between managers and staff of the agencies involved in the effort. As one manager put it, "Familiarity breeds respect." To create an environment in which these relationships develop, regular meetings at both the staff and management levels are the norm. Collocation facilitates these interactions.

❖ **Teams, Teams, and More Teams**

As should be apparent from the descriptions above, staff at the study sites participate in teams — management teams, team staffings, teams focused on specific client populations, teams that set agency goals and priorities, etc. At all of these sites, managers stressed the importance of teams, not just to accomplish the specific purposes for which the teams are formed, but also as a means of developing personal bonds, sharing information, and learning more about the role of each program and service in meeting client and community needs.

❖ **Resources**

In many of the sites, resources beyond federal and state program funds were needed to initiate and support local efforts to improve services. In Allegheny County, Pennsylvania, ten local foundations funded the development

of the county's new information system. In Montgomery County, Ohio, a portion of the county levy is used to support the Job Center.

A number of the sites fund full-time staff positions with responsibility to facilitate the integration of services. Mesa County in Colorado, Jackson County in Oregon, and Montgomery County in Ohio are among the counties that hired managers to direct the operation of and facilitate partner interactions at county one-stop offices. Fairfax County, Virginia, created the Department of Systems Management for Human Services, with responsibility to improve access to services, facilitate service integration, and increase civic engagement (see box on the next page).

❖ **Time, Patience, and Hard Work**

Another common theme is that developing a comprehensive human service system takes time and patience. It is hard work. Many of the sites have been involved in system building for a decade or more, and managers suggest that there is still much work to do; in none of the sites visited did managers suggest that they had finally succeeded, that they were "there." Changes in local politics, demographics, the economy, and program requirements create new challenges that necessitate changes in plans and priorities.

❖ **Size Matters**

One local manager used the term "Goldilocks county" to describe one of the factors critical to the success of local efforts to integrate services. The county was "not too big, and not too small, but just the right size." By this he meant that the county was large enough to have the resources and service provider community to meet the needs of the client population, but not so big as to be encumbered by large bureaucracies and an overwhelming number of service providers. It is perhaps no coincidence that no large cities were suggested as potential examples of service integration. Populations of the study varied from less than 100,000 in Coos County, Oregon, to much more populous counties, such as San Mateo County, California, and Montgomery County, Ohio, with populations exceeding 700,000 residents.

Lessons Learned

The Kenosha County Job Center was mentioned repeatedly during initial site visits as a pioneering example of service integration. Opened

The Fairfax County, Virginia Department of Systems Management for Human Services

In order to facilitate coordination and integration of services and to improve access to and availability of services, the county created the Department of Systems Management (DSM) for Human Services. DSM focuses efforts in three areas:

- ❖ **Access:** ensuring access to human services by building the community's capacity to provide services, raising public awareness of available resources, and strengthening public services to meet community needs.
- ❖ **Service Integration:** promotes service integration at all levels of service planning and delivery, including coordinating individual residents' service plans across public and private agencies, and supporting strategic partnerships, process coordination, and operational collaboration among public and private service agencies.
- ❖ **Community Involvement:** promoting civic engagement for all members of the community by providing meaningful opportunities for involvement to residents, community based agencies, and civic organizations.

DSM staff include Coordinated Service Planners, Regional Managers, and what is, in effect, an in-house consulting staff. Coordinated Service Planners connect county residents with government and community services at call centers (see below). Regional Managers do not have line authority over programs and services in the regional offices, as the name suggests. Rather, they are responsible for coordinating services and developing community resources at the local level. Research, Analysis, and Project Services is an in-house consulting staff who perform a number of functions to facilitate county service initiatives and integrate services. These functions include gap analysis, process analyses and mapping, data analysis and data collection, benchmarking and policy analysis. One recent product is an extensive study of the local immigrant and refugee communities.

in 1989, staff there have played host to numerous visitors from around the U.S. and from other countries, and the Job Center has served as a model for service integration efforts in many sites. With a decade of experience connecting programs and service providers in a seamless system, the staff are in an excellent position to document lessons learned. Appendix 3, *14 Steps to An Integrated Service Center*, is a list of lessons learned that reflects

their experiences; items on the list are very similar to lessons suggested by staff in many of the other sites. While the list is specifically related to developing a one-stop office, the lessons are applicable more broadly.

To the list the following could be added:

- ❖ ***Maintain Clarity of Focus*** — The focus of integration efforts should be on improving staff capacity and client outcomes. There is enormous excitement generated when you hit on the right solution. If a solution improves capacity to deliver more and/or better services, it will be supported by staff. They will willingly adopt new approaches to doing business if they are convinced that the effort will improve capacity and outcomes where it matters most — at the service delivery level. This lesson is particularly important when considering administrative strategies, such as reorganization. Administrative strategies are likely to be time and resource intensive. The danger is that so much energy will be expended implementing one or more of these strategies that the effort will lose sight of the goal of improved client services. To be successful, it is necessary to maintain a balanced approach, where administrative strategies support operational improvements. Operational strategies are key. If efforts do not result in improvements in client services, staff support will dissipate, and services will not be integrated.
- ❖ ***Target Operational Strategies*** — Determine the population(s) that will benefit most from integration, and implement strategies that will address their needs. Not all clients need multiple services. Use available caseload data to ascertain where the greatest benefits are likely to occur, and target efforts accordingly.
- ❖ ***Assign a Lead Partner*** — As one of the managers interviewed said, “A lot of people claim to have partnerships, but you’ve got to have a lead partner to actually do the work.” Too often little is accomplished between meetings because no one takes responsibility for accomplishing agreed-upon tasks. In Racine County, Wisconsin, management team meetings include assigning responsibility for action steps to the various partners, so that there is no confusion over who has responsibility for those steps.

- ❖ ***Managers Should Serve as Role Models*** — Staff cannot be expected to actively and enthusiastically participate in cross-program activities if their managers are reluctant or resistant to doing so. By modeling positive behaviors, such as open communications, participation in team activities, willingness to think outside the box, and encouraging and rewarding staff for positive contributions, managers reinforce the values and behaviors that facilitate service reform.
- ❖ ***Involve Senior Managers*** — Progress is more likely when senior managers actively participate in service reform efforts. In the Neighborhood Place system in Jefferson County, Kentucky, senior managers represent their agencies at cross-program planning and operational meetings. This ensures that decisionmakers are present at meetings, rather than lower-level staff who can only serve as messengers. Decisions are made more quickly, there is less confusion over who is responsible for actions, and buy-in of participating agencies is more likely when key managers are active participants.
- ❖ ***Take Advantage of Opportunities for Early Intervention and Prevention*** — Viewing programs and services as a continuum of care, rather than separately, allows programs that are not generally viewed as preventive to serve that function. For example, in El Paso County, Colorado, children who exhibit problematic behavior while in child care signal an opportunity for early intervention that may reduce the need for more intensive services in the future. A child's unwillingness to follow instructions may be an indication that there are problems at home that can be addressed at an early stage, eliminating the necessity for more costly and intrusive child welfare services when the child grows older.
- ❖ ***Share Credit for Successes*** — Managers suggested that one way to reinforce team processes, within their own offices and with partner agencies, is to share credit for success with partners and staff, and, for that matter, to share, and accept blame when things don't work out.

Challenges

No discussion of comprehensive service reform would be complete without mentioning the ongoing challenges that program managers

must address when attempting to restructure service delivery. But rather than a listing of all potential challenges, many of which are directly related to the critical success factors described above (e.g., leadership vs. lack of leadership), listed below are additional barriers that are perhaps less obvious.

- ❖ ***Differences in Casework Approach*** — It is overly simplistic to assume that because caseworkers perform similar functions (e.g., intake for income support and child welfare programs), that it should be relatively easy to combine casework for multiple programs. The evidence suggests that this is not the case. Though creating a unified case plan and reducing the number of caseworkers involved with the same case would seem to be a fairly typical goal of service integration efforts, it is a goal that is seldom attained.

There are many reasons for this. Programmatic specialization has long been typical of casework, and as a consequence, significant differences exist between program specialties, including caseworker training, qualifications, pay scales, caseloads, etc. In many sites, managers suggested that maintaining specialization and program identification was done purposely in order to foster dedication and enthusiasm for particular program groupings (e.g., child welfare programs). Though it is not clear that this approach is congruent with the larger goal of integration, given the relatively low salaries of caseworkers, it is probably unreasonable to expect most to become multiprogram experts. Casework specialization will likely continue.

- ❖ ***Infrastructure*** — As discussed above, one of the common critical factors of service integration is collocation. Developing a collocated site is a complex and resource-intensive process, involving many players, difficult decisions, and multiple funding issues. Nevertheless, managers and staff were emphatic that regardless of the amount of effort that was involved in developing a collocated site, the benefits are worth the effort. Different approaches were taken in different locations. At some of the sites, new buildings were constructed specifically to accommodate multiple programs and agencies (e.g., Rogue Family Center in Jackson County, Oregon, Coos County, Oregon, and Dakota County, Minnesota). At other sites, existing structures, including a furniture warehouse in Montgomery County, Ohio, a trac-

tor factory in Racine, Wisconsin, and a church in Mesa County, Colorado, were remodeled to accommodate a one-stop site. None of these projects was simple, and all involved additional costs. The partners at the Newmark Center Career and Opportunity One Stop in Coos County, Oregon, met weekly for two years to design the center and reach agreements related to staffing, office configuration, and funding.

A related issue involves information technology. In a site that involves partners from multiple public and private agencies, workers need to have access to multiple information systems. Decisions regarding responsibility for the telecommunications infrastructure and who will pay for what can be significant stumbling blocks.

- ❖ ***Differences in Partner Capacity and Resources*** — It is often the case that the agency responsible for income support programs has the largest number of staff at the local level, sometimes dwarfing the number of staff, and the resources, of other partners. This presents challenges when setting priorities — the larger partner, with most of the resources at the table, must be willing to subordinate agency goals to those of the larger partnership. If not, the larger partner may exert undue influence.
- ❖ ***Emphasis on Welfare Reform/Caseload Reduction*** — Given that TANF clients are a relatively small portion of the overall human service clientele in most of the sites in this study, as well as elsewhere, there is what might be considered an overemphasis on this population. Although TANF caseloads have decreased significantly over the last five years, many service integration projects continue to make this population the highest priority in terms of providing services. This is a testament to the strength of the signaling related to welfare reform and caseload reduction, as well as the flexibility and availability of TANF funding to provide other services. Nevertheless, it has had the unintended consequence of shifting focus away from the larger populations of non-TANF clients.
- ❖ ***Security and Confidentiality*** — No discussion of service integration seems to occur without issues related to perceived barriers to sharing client information being raised. All of the sites have had to address this issue, though in some cases it has been more problematic than in others. This is particularly true where

different levels of government are responsible for program administration, as in Allegheny County, Pennsylvania, where the county is responsible for child welfare and other programs, but the state administers income support programs. Gaining access to and sharing confidential information about clients in such circumstances can be hampered by bureaucratic issues. Substantial time and effort can be expended reaching agreement between the various programs, such as setting up appropriate security systems where only workers with necessary clearance have access to information. In Jefferson County, Kentucky, representatives of the partner agencies took a year to reach agreement on the procedures for sharing information across programs and between government and private agencies. Other sites had similar experiences.

The good news is that such agreements can be reached and necessary procedures put in place that allow information sharing. A common approach is to have clients sign a release of information that allows for information sharing, as is the case in Jackson County, Oregon. Managers who have addressed this issue claim that naysayers, those who claim that the rules of their programs preclude information sharing, use confidentiality as a convenient excuse for resisting participating in service reform efforts.

Why Service Integration?

Given what appears to be a daunting combination of challenges, why have the leadership, managers, and staff at the study sites embarked on comprehensive service reform efforts? There are many reasons, though there is relatively little hard evidence of the effects of service integration. In general, managers and staff gave similar reasons for their efforts to integrate services:

- ❖ ***Frustration with Existing Human Service Program Networks*** — Complaints about poorly coordinated, confusing, overlapping, and sometimes conflicting programs are a common backdrop to service reform efforts. The difficulties that clients encounter in the course of accessing benefits and services are a source of frustration for human service agency personnel and service providers alike.

- ❖ ***It Is the Right Thing To Do*** — There is a certain intuitive logic to service integration. Staff and managers believe that it “just makes sense” to bring service providers together around families in order to improve programmatic outcomes. Families do not exist within categories — their needs often stretch beyond the narrow programmatic boundaries of most human service programs. A more holistic approach to casework can better address these multiple needs.
- ❖ ***It Increases the Likelihood That Programs Will Produce Better Results*** — Each program that provides benefits and services to a family will not achieve intended results if a critical need is not addressed. For example, a family might receive cash benefits, Food Stamps, Medicaid, drug treatment, etc., but if child care needs are not addressed, the other programs will not succeed in facilitating self-sufficiency.
- ❖ ***It Motivates Staff*** — Working together in teams gives staff a better sense of the role that their programs play in helping families, creates a sense of shared responsibility (they are not solely responsible for a family’s well-being), and increases their understanding of the importance of other programs in helping families to become safe and self-sufficient.
- ❖ ***It Fits with Welfare Reform*** — The new welfare, with its emphasis on self-sufficiency, and the TANF program’s flexible funding structure, which is intended to provide for a range of services, reinforce the concept of service integration.

What Difference Does It Make?

At each of the study sites, managers were asked to enumerate outcomes and effects of their efforts to integrate services. While there are indirect indications that their efforts have had positive results, the fact is that they could produce little direct evidence linking service integration with specific impacts. This lack of quantifiable results is a source of some frustration for local managers, though it is clearly not a show-stopper. Nevertheless, there are indicators that suggest that as a consequence of service integration, and perhaps other factors, such as sound management practices, programs at the study sites have benefited from efforts to build comprehensive service delivery systems.

Evidence of the such effects falls into the following categories:

- ❖ ***Anecdotal Evidence of Impacts on Clients*** — Managers and staff at the study sites frequently related stories about how service integration had positively affected clients. They described how staff who participated in team staffings were able to connect families with needed services, when in a nonintegrated site, this would not have occurred. They spoke of the benefits of sharing information. One member of a team might learn something about a client that has a significant effect on benefits or services provided by a partner agency. Sharing this information might result in better services, or it might prevent fraudulent receipt of benefits. Either way, staff were enthusiastic that there are many advantages to working as part of a team and in a collocated site. It was clear from many interviews at the study sites that staff and managers are convinced that service integration has a significant positive impact.
- ❖ ***Anecdotal Evidence of Impacts on Staff and Managers*** — As stated above, managers and staff interviewed were universally enthusiastic, proud, supportive, and anxious to talk about service integration. They felt that their contributions, both in terms of affecting client-related processes and influencing actual client outcomes, were more apparent in an integrated setting. They believe that collocated sites, cross-program teams, shared case planning, and common intake and assessment processes all contribute to better communication, less redundancy, fewer conflicts, and improved client outcomes. The enthusiasm and support of staff is particularly noteworthy, given the backdrop of increasing caseloads and decreasing resources during the past year. The fact that so many managers and staff who are on the front lines of human services are convinced of the value of service integration should not be ignored.
- ❖ ***Satisfaction Surveys*** — Customer satisfaction surveys are conducted on a regular basis at many of the study sites and the results are almost universally positive. The Neighborhood Place initiative in Jefferson County, Kentucky, has conducted surveys since 1998. Clients respond to such questions as, “Would you recommend Neighborhood Place to a friend?” and “Have staff been courteous and concerned?” Ninety percent or more of the clients surveyed respond affirmatively to these and related questions. Other sites, including The Job Center in Montgomery County, Ohio, and Peninsula Works sites in San

Mateo County, California, conduct similar surveys, with similar results.

- ❖ ***Program Performance Measures*** — Much of the available evidence provided by managers at the study sites was in the form of performance measures related to specific programs, with the emphasis on measures of client participation in work-related activities and caseload reduction. Not surprisingly, study sites do well in terms of such measures in comparison to offices in other parts of the relevant states. For example, El Paso County in Colorado has a much higher number of cases diverted from long-term assistance relative to its caseload than any other county in the state. The county also reduced the number of temporary out-of-home placements and significantly increased the number of adoptions over the past five years, performance which sets them apart from other areas of the state. In Montgomery County, Ohio, entry-level wages of clients who have received services from the Job Center are higher than in other parts of the state. The TANF caseload was reduced by nearly 60 percent between 1992 and 2000, a statistic that compares well with other parts of Ohio, particularly considering the number of employers that shut down in the county during the last decade.
- ❖ ***Community-wide Measures*** — A few of the sites, including Racine County, Wisconsin, are engaged in relatively rigorous efforts to look beyond program performance indicators to broader measures of community well-being, such as poverty rates, home ownership rates, high-school graduation rates, illegitimacy and teen pregnancy rates. In San Mateo County, California, data from multiple programs and from other sources are analyzed to monitor the effects of county programs on economic self-sufficiency, family strength, and community capacity. A hallmark of the Neighborhood Place initiative in Jefferson County, Kentucky, is the use of a broad range of data to measure impacts and prioritize services. Unfortunately, for the most part, the use of such measures is relatively recent, coming after major systems reforms were enacted, and thus comparison of pre- and post-integration is difficult.

While most of the study sites can point to individual program measures and a number of the sites to broader measures of community health that suggest that their efforts have produced positive results, it is not clear

what role service integration has played in these impacts. This suggests that more research is needed to more clearly document the impact of service integration.

Additional Research Needs

In addition to leaving open the question “What difference does service integration make,” there are other questions that remain, such as “How common are integrated systems”? The research for this report was not a survey of all states and counties. The locations visited were selected because preliminary evidence suggested that they were among the better examples of service integration. As a consequence, it should not be assumed that these sites represent the norm. Quite the opposite is more likely the case.

The U.S. General Accounting Office recently reported on the level of integration between Workforce Investment Act one-stop offices and TANF programs around the country. Based on site visits and surveys that included all of the states in 2001 and 2002, GAO reported that “16 states...provided cash assistance services at least part-time at the majority of their one-stop centers, compared with 9 states in 2000. Collocation of Food Stamps and Medicaid remained the same: seven states reported in both years that they provided those services at least part time at the majority of one-stops.”⁷

TANF and WIA serve overlapping client populations. The fact that only 16 states reported a significant level of integration (collocation) between the programs and that even fewer states reported collocation of Medicaid and Food Stamp programs with WIA one-stops indicates that service integration across multiple human service programs is likely the exception.

GAO also provided information that bears on the question asked above — what difference do integrated systems make?

7 “WORKFORCE INVESTMENT ACT: Coordination between TANF Programs and One-Stop Centers Is Increasing, but Challenges Remain.” Statement of Sigurd R. Nilsen, Director, Education, Workforce, and Income Security Issues, U.S. General Accounting Office before the Subcommittee on 21st Century Competitiveness, Committee on Education and the Workforce, House of Representatives. GAO 02-500T, U.S. General Accounting Office, Washington, D.C., March 12, 2002, p. 10.

While research shows that a variety of conditions influence if, and how, states and localities choose to coordinate TANF services, limited research is available on the effectiveness of coordinated service delivery on TANF clients' outcomes. In our analysis of the literature, we did not find a national study that compared the effectiveness of coordinated service delivery to that of other service delivery methods in supporting successful outcomes for welfare clients. Without research on the effectiveness of coordinated service delivery, states and localities must make decisions without the benefit of thorough evaluation and analysis.⁸

More research could be conducted to determine the extent of service integration across the country. Such information would be useful for targeting resources and to inform discussions regarding barriers to integration.

The sites in this study are neither the only current examples of such efforts, nor is this the first time that service integration has been attempted — there have been other such efforts in the past. While conducting research for this report, information surfaced regarding attempts at service integration in the 1980s, the 1970s, and the 1960s. It may very well be that there is a cyclical nature to such efforts — they arise during periods of relative economic well-being, and decline when times get tough. More information about past efforts would be useful to inform future projects.

But perhaps the most nagging question relates to the effects of service integration, the “What difference does it make” question. Do clients receive more timely and appropriate services at integrated sites? Are they better off as a consequence? Have the communities in which these projects operate benefited from integration, and if so, what are the benefits?

State and local resources for measuring the effects of service integration, limited in the past, will be greatly reduced by the severe budget crises confronting the states. Constricting staff and financial resources will likely have a profound effect on the capacity of local program managers to move forward, or even maintain comprehensive systems that have been developed. Given that service integration has for so many years been touted as a

8 “WORKFORCE INVESTMENT ACT: States and Localities Increasingly Coordinate Services for TANF Clients, but Better Information Needed on Effective Approaches,” GAO 02-696, U.S. General Accounting Office, Washington, D.C., July 2002, p. 22.

solution to programmatic failings, it would be a shame to miss the opportunity to answer the questions above while the potential evidence is fresh at hand.

The examples of service integration in this study were not designed as demonstration projects, with random assignment, control groups, and rigorous tracking of client impacts. Administrative and operational strategies were not isolated to determine which of the strategies had the greatest effect. Nevertheless, these sites present an opportunity to examine how much difference service integration can make. One approach to such a study would involve a careful comparison of integrated and non-integrated, but otherwise similar, sites. Nonintegrated sites would serve as the counterfactual; locating comparison sites that are otherwise similar to the greatest extent possible would reduce the potential effects of extraneous variables, such as differences in demographic characteristics of client populations. Selection of outcome measures for comparison would depend on the specific goals of integration efforts at the study sites. Available program performance measures and other data related to community well being, such as poverty rates, levels of home ownership, high-school graduation rates, etc., could be used to determine the impact of independent variables (service integration strategies, in this case) on dependent variables (the effects of service integration.)

But the effects of institutional change, which is the focus of many service integration strategies, are likely to be hard to detect at the individual level.

The principal finding of this study is that service integration is not a single strategy involving only caseworker and client interactions. It is a combination of strategies and critical success factors that, while facilitating improved client outcomes through more effective and efficient provision of services, involves changing service delivery networks — connecting the stovepipes, creating true systems.

Research to determine the effects of service integration should focus not only on individual client impacts, but also on whether and how these systems function differently than nonintegrated sites. For example, comparing the frequency of cross-program interactions on the part of caseworkers, services linkage, and the level of joint planning by program managers between integrated and nonintegrated sites would provide useful information on the effects of service integration.

In addition to quantitative measures of the effects of service integration, qualitative measures, such as the attitudes of clients, managers, and staff could also be brought to bear. If service integration is about institutional change, then a comparison of client and worker attitudes at integrated and nonintegrated sites would be useful indicators of effectiveness.

Another good question involves sequencing and implementation of operational and administrative strategies. Did the more successful examples of service integration start by focusing on caseworker/client interactions (operational strategies) as opposed to administrative strategies such as program reorganization? And how is the sequence of strategies affected by the governance structure of TANF and other programs, e.g., where TANF is administered at the state level, a major reorganization should perhaps not be the first step in achieving integrated services.

As stressed in this report, it is important that research to determine the effects of service integration encompass performance management approaches in a way that makes the best use of available local data. Locating comparison sites, securing the cooperation of officials and managers at the sites, and securing the relevant data are key steps, as well as identifying specific outcomes locally for comparison. Service integration projects generally have multiple goals, some of which are broad and nonspecific, such as improving lives in the community. Nevertheless, determining the impacts of integration strategies will be a valuable contribution to the ongoing discussions of the value and importance of service integration in the reform of local human service systems.

Conclusion

Integrating services is not easy. As one manager put it, “The only people who like change are wet babies.” Nevertheless, the leadership, program managers, and staff in the offices visited for this study have expended considerable time and effort to build better service delivery systems. While many of these efforts initially met with resistance, managers and staff now say that they would never go back to the old ways of doing business.

Based on information gathered at these sites, it is clear that comprehensive systems designed to better meet the needs of clients and improve program performance have been developed in a number of locations in the U.S. The nature and extent of integration varies greatly, influenced in no small part by such factors as governance structures and the people who run local programs and staff local offices. Locations where multiple adminis-

trative and operational strategies have been implemented with a clear focus on improving client outcomes have made the most progress toward service integration. The second factor above — people — is perhaps less obvious, but ultimately more important. Service integration is happening where strong leaders and capable managers, as well as motivated staff, share a clear vision and have the energy and patience to make the vision real.

Evidence from the final interviews for this study suggests that budget problems in the states are beginning to have a significant negative impact. Program roles are swelling, causing shifts of staff and resources from providing services to providing cash and related benefits. Staff reductions are causing programs to pull out of collocated sites. Resources are no longer available to fund positions designed to facilitate integration, such as the office manager of the Rogue Family Center in Jackson County, Oregon, a position that has been vacant for over a year.

More tough choices are ahead for local program managers, and deciding whether to continue efforts to integrate services will be one of them. There are those who believe that current budget problems present opportunities, that the need for greater efficiency will spur efforts to better coordinate and integrate services. Managers and staff at the study sites are convinced that this new way of doing business will endure. The lessons learned during the 1990s, when resources were more abundant and welfare rolls declined, may prove even more valuable in these challenging times.

Appendix 1 Service Delivery Operations Continuum⁹

Communication ↔ Cooperation ↔ Coordination ↔
Collaboration ↔ Integration ↔ Consolidation

- Communication*** Clear, consistent and nonjudgmental discussions and giving or exchanging information in order to maintain meaningful relationships. Individual programs or causes are totally separate.
- Cooperation*** Assisting each other with respective activities, giving general support, information, and/or endorsement for each other's programs, services, or objectives. Policy and consumer decisions are often/usually autonomous, but agencies, groups, or individuals can comfortably work together towards mutual gains.
- Coordination*** Joint activities and communication are more intensive and far reaching. Agencies or individuals engage in joint planning and synchronization of schedules, activities, goals, objectives, and events. These efforts may be coordinated, but policy and budget decisions are still relatively independent. Program or advocacy accountability and outcomes are distinct however, mutual gains are desirable, and participants consider each other equal.
- Collaboration*** Agencies, individuals, or groups willingly relinquish some of their individuality or autonomy in the interest of mutual gains or outcomes. True collaboration involves actual changes in agency, group, or individual behavior, operations, policies, budgets, and even staff or power resources in order to support the collective goals or ideals.
- Integration*** Relationships evolve from collaboration to actual restructuring of services, programs, memberships, budgets, missions, objectives, and staff. Missions, target populations, functions, and even power are shared so that the individual "parts" make up a stronger "whole." More individuality and autonomy are surrendered.

⁹ The Service Delivery Operations Continuum was developed by a community-based committee facilitated by the El Paso County, Colorado, Department of Human Services.

Consolidation Agency, group, or individual behavior, operations, policies, budgets, staff, and power are united and harmonized. Individual autonomy or gains have been fully relinquished towards adopted common outcomes and identity.

Appendix 2

Human Service Systems

The chart on the following page lists sites visited for the study of service integration in chronological order. With the exception of Allegheny County, PA, local sites included, at a minimum, income support programs (TANF, Medicaid, and Food Stamps). The chart indicates the governmental unit responsible for program administration of income support and other key programs, whether those other programs were collocated with income support programs, and some of the integration strategies employed at the sites, including whether a major reorganization of the agency with responsibility for income support programs had occurred, whether income support and other programs and services are located in a one-stop office, whether nongovernmental service providers (third-party services) are located at the same site, and whether multidisciplinary teams and common client intake processes are in place.

SITE	PROGRAMS			INTEGRATION STRATEGIES				
	Income Support	WIA	Child Welfare	Agency Reorg.	One-Stop Offices	Third Party Services	Multi-Discip. Teams	Common Intake Process
Jackson Cty, OR	State	No Other	Yes State	Yes State	Yes	Yes	Yes	Yes
Coos Cty, OR	State	Yes Other	Yes State	Yes State	Yes	Yes	No	Yes
Atlantic Cty, NJ	Cty	No Other	No State	No	Yes	Yes	No	No
Bibb Cty, GA	State	No Other	Yes State	No	No	Yes	No	No
Allegheny Cty, PA	State	No Other	Yes Cty	Yes Cty	No	No	No	No
Fairfax Cty, VA	Cty	Yes Cty	Yes Cty	Yes Cty	Yes	No	No	No
Lincoln, NB	State	No Other	Yes State	Yes State	Yes	No	No	No
Mesa Cty, CO	Cty	Yes Cty	No Cty	Yes Cty	Yes	Yes	Yes	Yes
El Paso Cty, CO	Cty	No Other	Yes Cty	Yes Cty	Yes	Yes	Yes	Yes

SITE	PROGRAMS			INTEGRATION STRATEGIES				
	Income Support	WIA	Child Welfare	Agency Reorg.	One-Stop Offices	Third Party Services	Multi-Discip. Teams	Common Intake Process
San Mateo Cty, CA	Cty	Yes Cty	Yes Cty	Yes Cty	Yes	Yes	Yes	Yes
Montgomery Cty, OH	Cty	Yes Cty	No Cty	Yes Cty State	Yes	Yes	Yes	Yes
Racine Cty, WI	Cty	Yes Cty	Yes Cty	Yes State	Yes	Yes	Yes	Yes
Kenosha Cty, WI	Cty	Yes Cty	No Cty	Yes Cty State	Yes	Yes	Yes	Yes
Anoka Cty, MN	Cty	Yes Cty	No Cty	Yes Cty	Yes	Yes	Yes	Yes
Dakota Cty, MN	Cty	Yes Cty	Yes Cty	Yes Cty	Yes	Yes	Limited	Yes
Jefferson Cty, KY	State	No Other	Yes State	No	Yes	Yes	Limited	No

Cty = County Other = Administration by other than the county or the state

Appendix 3

14 Steps to an Integrated Service Center¹⁰

1. **Lead Vigorously from the Top** — Executive management leadership is essential, preferably a single strong political leader who commands the respect and cooperation of agency heads.
2. **Approach All Obstacles, Barriers, and Problems as Resolvable** — A positive attitude is essential. To achieve success, one must expect success. Management must create an environment for success for customers and staff.
3. **Integrate** — Not Just Collocate. It is not enough to locate different agencies in the same building. Services and functions need to be integrated to the largest extent possible to reduce duplication of effort and ensure quality customer service.
4. **Plan** — But Do Not Over Plan. Just do it. Let the collaborative adventure evolve naturally.
5. **Include All Levels of Staff and All Affected Agencies in Planning** — The cost of collocation and integration lies mostly in the cost of staff time needed to work out the details. This normally requires an infinite number of meetings of staff at all levels.
6. **Articulate a Common Mission** — The time and energy needed to develop a mission statement that is inclusive and mutually supported is well worth the effort.
7. **Implement Incrementally** — Begin small. Pilot integrated services with voluntary staff. Let the success of initial efforts convert reluctant participants.
8. **Confront Corporate Cultural Differences** — When different agency perspectives indicate different approaches to program delivery, identify the underlying corporate assumptions to build a consensus and find a common ground based on understanding other points of view.
9. **Identify New Funding Resources for Start-Up Costs** — It is difficult to start a collocated and integrated delivery of services with funds in current operating budgets.

10 Managers at the Kenosha County Job Center have frequently hosted visitors from around the country as well as other countries. They compiled this list of 14 Steps to an Integrated Service Center.

- 10. Establish an Inter-Agency Knowledge Base Prior to Collocation** — Fear of the unknown is one of our greatest nemeses. Bridge the knowledge gap first.
- 11. Collocate a Mix of Public and Private Agencies** — Agency diversity in terms of size, specialty, type, and institutional culture made it possible to accomplish what may not otherwise be possible.
- 12. Allow for Future and Unforeseen Developments** — Flexibility in office layout and space are good investments in these days of rapid changes in program content, funding levels, staffing levels, and client demand.
- 13. Be “State of the Art”** — Incorporate the most effective program models as well as the latest in computer and telecommunications technology.
- 14. Develop a Strong Identity within the Community** — Find a location with good visibility, advertise the facility through the use of building signage, provide tours of the facility to interested groups, and allow community groups to use portions of the facility.

Appendix 4 Websites With Information Related to Service Integration

Information about the sites visited for this report —

- ❖ Site visit reports on the Rockefeller Institute Website —
*[http://www.rockinst.org/quick_tour/federalism/
service_integration.html](http://www.rockinst.org/quick_tour/federalism/service_integration.html)*
- ❖ A report on El Paso County, Colorado by Rutledge Q. Hutson
of the Center for Law and Social Policy —
*[http://www.clasp.org/DMS/Documents/1043875845.58/
El_Paso_report.pdf](http://www.clasp.org/DMS/Documents/1043875845.58/
El_Paso_report.pdf)*

Websites operated by state and county program offices —

- ❖ Fairfax County, Virginia Department of Systems Management
for Human Services — *[http://www.co.fairfax.va.us/
service/dsm/default.shtm](http://www.co.fairfax.va.us/
service/dsm/default.shtm)*
- ❖ Oregon Department of Human Services —
http://cpt.hr.state.or.us/Service_int/proj.html
- ❖ Coos County, Oregon, Newmark Career and Opportunity
One-Stop — *<http://www.newmarkcoos.org/>*
- ❖ Montgomery County, Ohio, The Job Center —
<http://www.thejobcenter.org/>
- ❖ Jefferson County, Kentucky, Neighborhood Place —
<http://neighborhoodpl.org/>
- ❖ San Mateo County, California, Human Services Agency —
*[http://www.co.sanmateo.ca.us/smc/frameset/0,,14095130_14
132002,00.html?fpURL=http://www.smchsa.org/](http://www.co.sanmateo.ca.us/smc/frameset/0,,14095130_14
132002,00.html?fpURL=http://www.smchsa.org/)*
- ❖ El Paso County, Colorado, Department of Human Services —
<http://dhs.elpasoco.com/HumanSvc/>
- ❖ Mesa County, Colorado, Department of Human Services —
<http://www.mesacounty.info/>

- ❖ Allegheny County, Pennsylvania, Department of Human Services — <http://www.county.allegheny.pa.us/dhs/AboutDHS/about-DHS.html>
- ❖ New Jersey One Ease E-Link — <http://www.oel.state.nj.us/framesetpublic.html>
- ❖ Nebraska Health and Human Services System — <http://www.hhs.state.ne.us/>
- ❖ Anoka County, Minnesota, Department of Human Services — http://www.co.anoka.mn.us/departments/human_serv/index.htm
- ❖ Dakota County, Minnesota, Department of Employment and Economic Assistance — <http://www.co.dakota.mn.us/eea/index.htm>
- ❖ Kenosha County, Wisconsin, Department of Human Services — <http://www.co.kenosha.wi.us/DHS/>

Additional information about service integration:

- ❖ “Seeking Better Performance Through Interagency Collaboration: Prospects and Challenges,” a study by the new Southern Area Consortium of Human Services (SACHS) in Southern California — <http://pcwta.sdsu.edu/sachs.html>
- ❖ The Promising Practices Network, operated by RAND — <http://www.promisingpractices.net/ssd/ssd2.asp>
- ❖ Urban Institute reports on management of human service programs — <http://www.urban.org/Template.cfm?Section=ByTopic&NavMenuID=62&TopicID=79&TopicName=Public%20Management%2C%20Services> and Literature Review on Service Coordination and Integration in the Welfare and Workforce Development Systems (1999) — <http://www.urban.org/Template.cfm?NavMenuID=24&template=/TaggedContent/ViewPublication.cfm&PublicationID=6339>
- ❖ Publications from the National Center for Service Integration, now associated with the Child and Family Policy Center — <http://www.cfpciowa.org/publicationsncsi.shtml>

- ❖ Coordination and Integration of Welfare and Workforce Development Systems, a paper for the Assistant Secretary for Planning and Evaluation, Federal Department of Health and Human Services — <http://aspe.hhs.gov/hsp/coord00/ch1.htm>
- ❖ The Welfare Information Network listing of papers on One-Stop Systems and Collocation — <http://www.financeprojectinfo.org/WIN/onestop.asp>
- ❖ The Annie E. Casey Foundation — *The Eye of the Storm — Ten Years on the Front Lines of New Futures* — <http://www.aecf.org/publications/eyeofstorm/keyinsight.htm>, and *The Path of Most Resistance: Reflections on Lessons Learned from New Futures* — <http://www.aecf.org/publications/path/index.htm>
- ❖ The Center for Human Services, UC Davis Extension, University of California — <http://humanservices.ucdavis.edu/CustomTraining/Serviceint/index.asp>
- ❖ The Manpower Demonstration Research Corporation — *Building New Partnerships For Employment: Collaboration Among Agencies and Public Housing Residents in the Jobs-Plus Demonstration* — <http://www.mdrc.org/Reports2001/JP-BuildingPartnerships/Overview-JP-BuildingPartnerships.htm>
- ❖ Family and Community Trust — A systems reform initiative in Missouri “For children to have strong families, and communities where parents are working, children are succeeding in school, and growing up healthy, safe, and prepared to enter productive adulthood” — <http://www.mofit.org/index.htm>

Service Integration and Information Systems —

- ❖ U. S. General Accounting Office — Results of a GAO Cosponsored Conference on Modernizing Information Systems — <http://www.gao.gov/new.items/d02121.pdf>
- ❖ American Public Human Services Association article on the challenges of developing information systems that meet the needs of the new welfare — <http://www.aphsa.org/journal/3>
- ❖ New Jersey One Ease E-Link — <http://www.oel.state.nj.us/framesetpublic.html>

Appendix 5 Contact Information

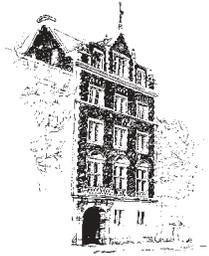
- ❖ San Mateo County, CA — Mark Lane, Director, Southern Region, Human Service Agency — 650-599-3831
- ❖ El Paso County, CO — David Berns, Director, El Paso Department of Human Services — 719-444-5211
- ❖ Mesa County, CO — Sue Tuffin, Director, Mesa County Workforce Center — 970-248-0861
- ❖ Anoka County, MN — Jerry Soma, Director, Human Services Division — 763-422-7008
- ❖ Dakota County, MN — Dave Rooney, Director, Dakota County Community Services Division (DCCDS) — 651-450-2742
- ❖ Nebraska Health and Human Services System — Margo Gamet, Information Systems and Technology, Application Services Manager — 402-471-9318
- ❖ Montgomery County, Ohio — Linda Shepard — Deputy Director of Economic Resources for the Department of Job and Family Services — 937-496-6700
- ❖ Coos County, Oregon — Richard Whitwer, Service Delivery Area Director — 541-888-7045
- ❖ Jackson County, Oregon — Rogue Family Center — Karen Smith, Adult and Family Services — 541-864-8720
- ❖ Jackson County, Oregon Office of the State Department of Human Services — Ida Saito, Service Delivery Area Director 541-776-6186
- ❖ Allegheny County, PA — Marc Cherna, Director, Allegheny Co. Department of Human Services — 412-350-3692
- ❖ Fairfax County, VA — Margo Kiely, Director, Department of Systems Management for Human Services — 703-324-5638
- ❖ Racine County, WI — Debbie Jossart, Director, Racine County Workforce Development Center — 262-638-6620

- ❖ Kenosha County, WI — Ed Kamin III, Economic Support Program Coordinator, Division of Workforce Development, Kenosha County Department of Human Services — 262-697-4664

- ❖ The Author, Mark Ragan — *mragan07@comcast.net*; 410-730-1473

About the Author

Mark Ragan, a Senior Fellow at the Nelson A. Rockefeller Institute of Government, the public policy research arm of the State University of New York, directs the Rockefeller Institute's research on management systems for human services. He was formerly the Director of the Office of State Systems, Administration for Children and Families, U.S. Department of Health and Human Services.



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