



Authors

Amy Helburn, MPH, PhD Jean McGuire MSPH, PhD Natalia Coriano Diaz, MPH

Editor

Alison Gray Glastein, MEd

And with research support from Sofie Duntugan, Sofia Kontolias and Sara Lowell

Table of Contents

2	Exec	cutive	Summary	7
---	------	--------	---------	---

- 4 Introduction
- 6 Facilitators to Alignment
- 6 **Key Finding 1.** Gubernatorial executive orders and state legislation carry significant weight and serve to accelerate alignment
- 7 **Key Finding 2.** Financial incentives and flexible spending are essential to promoting alignment
- 9 **Key Finding 3.** Alignment supports comprehensive, evidence-based multi-generational approaches to addressing Social Determinants of Health which, in turn, foster greater cross-sector collaboration
- 10 **Key Finding 4.** Invest in Human Services Information Technology (HSIT) to support state and county alignment
- Key Finding 5. Regulatory relief, federal waivers and subsidies, and reimbursement parity are essential to maintaining high-quality human services and innovating to meet emerging needs
- Key Finding 6. Investment in the human services workforce is critically important for both public and private sector human services workers
- 13 Key Finding 7. State leaders elected and appointed need to steer the course towards equity
- 14 Barriers and Circumstances that Impede Alignment
- 16 Conclusion and Recommendations
- 19 Appendix A: Focus Group and Interview Discussion Guide
- 19 Acknowledgements
- 19 References

Executive Summary

During the last two decades, evolving a more coherent understanding of the intersection of health and human services in promoting population health, individual well-being, and cost efficiencies have emphasized the importance of cross-sector service alignment. Ongoing research on Advancing Alignment through State Government Practices, funded by the Robert Wood Johnson Foundation, has focused on the role of states in aligning efforts within human services and in the sector's relationship with healthcare, public health, and other service arenas. This work uncovered the need to better understand the perspectives of state and local public and private human service leaders.

The resulting focus group project was co-designed and implemented in collaboration with the American Public Human Services Association (APHSA), which represents state and local government human services agencies, and Social Current, the largest national organization representing community-based organizations (CBOs) in the human services sector. From August through November 2021, 10 focus groups and five interviews were conducted with 26 CBO representatives and 21 state and local government representatives; participants were drawn from 27 states and Washington, DC.

This report summarizes focus group and interview participant perspectives regarding the extent to which alignment occurs; its importance in terms of service delivery and outcome; the circumstances that facilitate or impede such alignment; and the extent to which the COVID-19 pandemic and expanding equity concerns have resulted in changed practices in human services, including those associated with improved alignment. Finally, participants identified priorities for the human services sector's future development, viability, and stability.

Study findings are likely to be helpful to policymakers, program administrators, funders, and advocates at all levels. While there was considerable agreement between public and private leaders regarding the role of alignment, along with other concerns the human services sector faces, there were also arenas where these perspectives diverged; these are noted throughout the document.

Key Findings

High-level findings include:

- Alignment within human services and across related sectors is a shared goal among public and private human service leaders who reported that such alignment improves effective care delivery, coordination, and management; individual and family support and outcomes; and cost and administrative efficiencies.
 - + Alignment strategies are informed by theoretical frameworks, evidence-based policies and programs, and consumer and provider needs and priorities.
 - + Particularly relevant to these leaders is the objective of achieving whole-person care.
- Alignment approaches are diverse and may be populationspecific or can address the needs of multiple populations who share cross-service needs and eligibility.
 - Alignment occurs through regulatory, fiscal, and other administrative practices at state and local/county government levels and the coordinated efforts of community-based organizations (CBOs).
 - Core to successful alignment is the availability of interoperable and effective data systems addressing client eligibility, enrollment, care coordination and management, and outcomes.
 - + Barriers to data access and utilization may impede the provision of services and integration.

- Alignment of human and related services can be facilitated by — or happen despite — governmental structures and processes.
 - + Models of alignment reflect geographic, political, socioeconomic, and service delivery system differences.
 - + Administrative, legislative, judicial, and advocacyrelated roles facilitate alignment.
 - + Strategic leadership at every level is required for alignment to be successful.
 - + Creative investments in collaborative strategies within governmental structures and across sectors drive alignment.
- Barriers to aligning human services and related services are considerable.
- COVID-19-related Innovations revealed the essential roles of — and strains within — the human services system.
 Innovation relied, in part, on breaking down barriers to alignment.
- Progress in addressing equity meaningfully, necessarily relies upon a robust human services system, improved alignment of basic services, and increased attention to prevention by addressing social determinants of health and promoting economic and social stability.
 - + Creating a robust human services system requires addressing long-term deficit financing and procurement challenges; increasing investment in prevention; assuring human-centered and community-informed service delivery; building inter-operable, comprehensive data systems with effective individual, provider, and system-level interfaces.

Recommendations

Recommendations for the future of human services — and its internal and cross-sector alignment — are embedded in the report. The following factors were voiced consistently across public and private human service leaders:

- Equity must drive the work of the public and private human services sectors.
 - + Restoration of the safety net is core to making this objective realizable, as is the development of an increasingly diverse and better-supported workforce.
- Strategic leadership development in both the public and private sectors — separately and in collaboration requires investment to achieve coordinated and effective human services.
- Pursuit of a more responsive human services system is necessary and can best be achieved by:
 - + Becoming more outcome-oriented and incentivized.
 - + Incorporating and amplifying family and community voices.
 - + Improving prevention strategies.
 - + Developing and having the flexibility to scale services up and down in the face of changing individual and community needs.
 - + Encouraging creativity while assuring accountability.
- Systemic-oriented solutions must be prioritized and, of necessity, will rely upon meaningful cross-sector alignment.
 - + These solutions must address the ongoing challenges in the structure, payment, coordination, and collaboration of public and private/CBO human service delivery systems.

Introduction

Over the last two decades, population health improvement has emphasized the importance of social determinants of health — the social, physical, and economic conditions that impact health and health outcomes. Critical to this upstream strategy has been a heightened focus on the interconnection between healthcare and human services, including how providers coordinate and integrate services for their shared patient-client populations. Public and private healthcare payers have begun to offer reimbursement for social supports and services, although such practices vary across payers and states. Evidence suggests this interconnection between healthcare and human services sectors results in improved health outcomes and reduced healthcare costs.

The human services sector has begun implementing similar alignment practices as the public health and healthcare sectors. While alignment can improve individual and population health, the mechanisms for achieving such alignment — regulatory, payment, data sharing, and care management — pose unique challenges to service delivery redesign. Furthermore, unlike healthcare, the human services sector is almost entirely publicly funded, with providers contracted to deliver particular services to discrete populations.

Many practice frameworks have informed alignment across the human services field and between the human services, healthcare, and public health sectors, including whole-person care, human-centered design, care management, two-generational, and continuity of care. Moreover, government entities have explored the value of blended, braided, and performance-based payment models on integration, coordination, and collaboration.

Unfortunately, aspirations for aligned service delivery and payment have exceeded implementation realities because of various factors. Such impediments include resource limitations; federal and state regulations; administrative, workforce, advocacy, provider, and consumer reluctance; and shifting legislative and executive priorities. The impact of COVID-19 compounded many of these challenges as governments are expected to do more with less, providers are experiencing an unprecedented workforce shortage, and organizations were forced to build the technology infrastructure needed for virtual service delivery practically overnight. Furthermore, the pandemic and simultaneous racial strife across the United States have underscored inequities across communities and disparities in health and human services outcomes.

As a component of the Robert Wood Johnson Foundation (RWJF)-funded Northeastern University (NU) Human Services Alignment Strategic Approach, NU researchers and the RWJF Advisory Committee were eager to understand the facilitators and impediments to sector alignment among government entities and community-based organizations. NU partnered with the American Public Human Services Association (APHSA), a membership organization comprised of state and local health and human service agencies, and Social Current, which represents the collective voice of community-based organizations, to design a qualitative study.

Drawing on leadership from both organizations, the NU Human Services Alignment Strategic Approach Team conducted a series of focus groups and interviews among leadership at state and county government entities and community-based organizations across the United States. The research team conducted ten virtual focus groups and five virtual interviews via Zoom between August and November 2021, reaching 47 participants from 27 states and Washington, DC.

The study utilized an opportunistic sample, with 21 participants recruited by APHSA and 26 recruited by Social Current. APHSA-recruited participants included four State Secretaries, five State Directors, three Deputy Directors, two Program Managers, a Chief of Staff, and six County Directors. Social Current-recruited participants included chief executives from community-based organizations ranging from small programs (\$1.5 million in revenue) to large (\$200 million in revenue). Represented community-based organizations offer various services, including child welfare, developmental disabilities, behavioral health, youth detention, and supported housing.

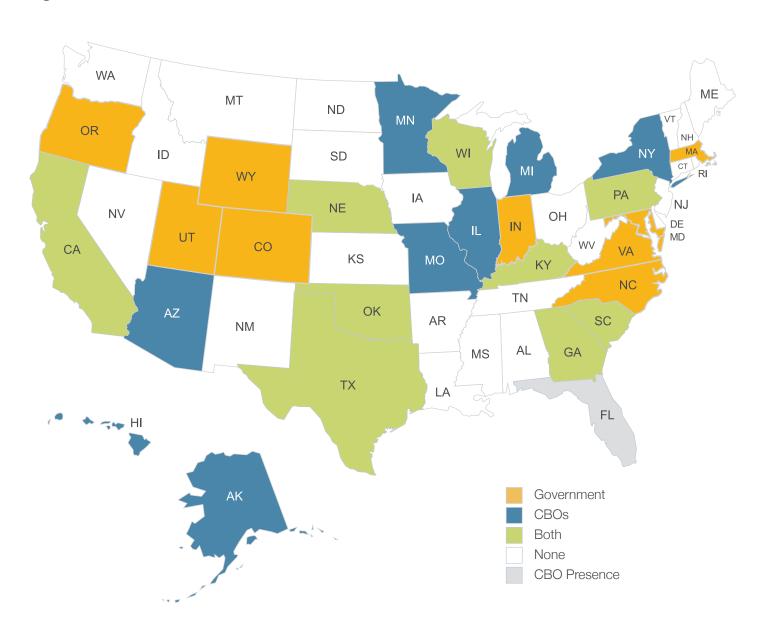
Participants represented twelve county-administered states and seven of the remaining non-Medicaid expansion states. There was a balanced distribution of participants from states with Republican and Democratic governors. **Figure 1** outlines sector-based participation per state.

Focus group and interview questions addressed the theoretical, practical, political, financial, and other contextual issues that facilitate or impede the delivery of better-coordinated care, including when and how alignment takes place, how COVID-19 impacted the sector, the role of human services in addressing racial and other equity concerns, and strategies that benefit sector alignment. The Focus

Group and Interview Discussion Guide is included in this report as **Appendix A**.

NU's findings substantiate the importance of supportive government policies, adequate financial resources, adoption of evidence-based approaches, state-of-the-art information technology, and investments in the workforce as facilitators of alignment. This report outlines Northeastern's discoveries from the focus groups and interviews on alignment facilitators and impediments. Also, the report reveals participant perspectives on the extent to which COVID-19 contributed or created barriers to alignment. This report concludes with recommendations for future actions to promote alignment.

Figure 1.



Facilitators to Alignment

KEY FINDINGS 1

Gubernatorial executive orders and state legislation carry significant weight and serve to accelerate alignment.

Participants¹ shared numerous examples of state and federal government policy levers used to pursue alignment. Within the executive, legislative, and judicial branches of government, participants experienced these levers in the form of *directives* and responses to *mutual interest*. One participant shared that an edict supporting alignment, such as a Governor's Executive Order, may be issued. Conversely, several participants identified the *lack* of an Executive Order directive impeding alignment in human services. Other participants — particularly those from state and county governments — indicated that government directives were often met with resistance and counterproductive to alignment efforts.

"Things move much faster if it is an explicit governor priority."

Participants cited examples where state legislation mandated alignment initiatives, providing financial incentives and other supporting resources. Judicial rulings were also used to direct alignment; such rulings often resulted from lawsuits petitioning expanded and integrated services. Finally, participants shared examples where state agencies initiated alignment through mutual cross-departmental interest.

The following are examples of government efforts to promote alignment:

Maryland Executive Order to establish MD THINK
 Committee to govern the way state agencies share and manage data;

- Minnesota Department of Human Services county-level mental health crisis stabilization program^v
- Kentucky Medicaid partners with the Department for Community-Based Services to administer Child Advocacy Centers to provide services to children who have been sexually abused;vi
- Wisconsin's legislatively-mandated Trauma Care System that aims to provide optimal care for trauma patients through optimal statewide care delivery;
- Hawaii's Felix Consent Decree mandated that the state Department of Education and Health partner across sectors to provide educational and medical health services to children with disabilities.

NEBRASKA – IMPORTANCE OF LEADERSHIP

"So I think leadership and smart organizational design are what really help us get things done. Most of our leadership team has been in place for two years or less. Many of us aren't from this state and that's good and bad, but it's people who don't come in with a lot of ingrained, 'this is my area'. We're not having contests. In other words, people are more open, I think because they're fresh and new and that means there are a lot of obstacles to learning your job, but you're not stuck in ruts either. So I don't see a lot of fighting for holding onto what's mine. And whenever I'm thinking about how we work across departments, we have the most success with department directors who are sort of new to their roles."

¹ Participant refers to someone who participated in a focus group or an interview.

Participants emphasized the importance of strong leadership as a critical element for initiating and fostering alignment. Participants shared the value of new leaders who bring fresh perspectives and innovation to state agencies and seasoned leaders who deftly leverage their institutional knowledge and experience to drive alignment. Also, many experienced leadership transitions as the catalyst for accelerated restructuring and alignment activities. State leaders played a critical role in effecting and communicating change, establishing cross-sector advisory boards such as task forces and gubernatorial committees, and advancing flagship policies.^{ix}

ARISE GUARANTEED BASIC INCOME PILOT PROJECT IN ALEXANDRIA, VIRGINIA

Human services system improvement, focused on helping families achieve greater economic stability.^x

"We're really lucky now to have a commissioner...
who is really interested on the economic mobility which
keeps people interested and committed to looking at
the benefits cliff and looking at these other things that
really need come together to enhance economic
mobility and stability. And trying to take control of the
things he has control over and also partnering with
sister agencies...understanding what are the things
they need to help us with, to do innovation — and
then what are the systems change things that could
come out of that."

KEY FINDINGS 2

Financial incentives and flexible spending are essential to promoting alignment.

Focus group findings indicate alignment success when governments incentivize collaboration, such as a state legislature allocating funds for organizations to pursue joint gains. One participant cited the example of the Colorado Legislature enacting House Bill 04–1451^{xi} to promote the adoption of collaborative management structures at the county level to improve services for at-risk, high-systems-use children, youth, and families.

Beyond state-specific incentives, participants shared examples of federal agencies facilitating alignment among state-level agencies. For example, the U.S. Department of Housing and Urban Development (HUD) launched strategies to integrate workforce and housing systems to help families achieve self-sufficiency. While many federal and state incentive programs were made possible with American Rescue Plan Act (ARPA) stimulus funding, with the expiration of COVID-19 relief dollars, participants anticipate a greater need for alignment.

INCENTIVIZING ALIGNMENT — COLORADO'S COLLABORATIVE MANAGEMENT PROGRAM

"The carrot was that there were actually incentive dollars that could be earned at a local level if you had a certain number of partners sign on to an MOU... the state developed some joint measures so we could evaluate the program, but we're looking at meeting at a (joint) goal in juvenile justice, education, mental health and mental health, behavioral health, and child welfare."

"One of the things that we did in the educational pool was looking at ways that we could increase graduation rates for foster care youth. And we were able to invest incentive dollars into a liaison position that helped to track those kids and have one person we could contact...We were able to incubate that in our CMP and then it developed as a model that is being used across the state."

Focus Group participants shared examples of how integrated funding — including combining Medicaid payments with other funding sources — can foster alignment across programs and services. Indiana's integrated vocational rehabilitation, workforce, disability, and mental health services; North Carolina's Family Resource Centers; and Wisconsin's Care4Kidsxii medical home for children and teens in foster care blended and braided multiple funding streams when no one source offered enough funding for an alignment initiative.

BLENDING AND BRAIDING — THE CASE OF WRAPAROUND **MILWAUKEE**

Wraparound Milwaukee is a Medicaid HMO model that blends funding from the Bureau of Milwaukee Child Welfare, the County's Delinquency and Court Services, and the State Division of Heath Care Financing that operates Medicaid to provide care coordination and services for high-risk youth in the child welfare and juvenile justice systems.xiii

Funds from these agencies are pooled to create maximum flexibility and a sufficient funding source to meet the comprehensive needs of the families served. Part of the County's Behavioral Health Division. Wraparound Milwaukee oversees management and disbursements of funds, acting as a public care management entity.

Participants from California, Kentucky, and Oklahoma referred to Family Resource Centers, which play a critical role in abuse prevention and family preservation, as examples of states braiding federal dollars and funding from states and counties.xiv Federal funding sources that have been used to establish or enhance Family Resource Centers include Community-Based Child Abuse Prevention, Community Collaborations to Strengthen and Preserve Families, Preschool Development Grant Birth through Five, Title IV-B, including Promoting Safe and Stable Families, Community Services Block Grant, Early Head Start, Maternal, Infant, and Early

KENTUCKY HEALTH ACCESS NURTURING DEVELOPMENT SERVICES (HANDS) USES **BRADIED DOLLARS**

"(HANDS) is an evidence-based home visitation for new parents that originated in the 1990s here at our agency as a pilot project. Our state head of public health really loved the outcomes and wanted it for all counties.... working with our legislature, that this is a service that is offered in every county of our state, they created a separate Medicaid carve-out...we use some tobacco settlement dollars to help support some other parts of that program across the state."

Childhood Home Visiting Program, Supplemental Nutrition Assistance Program Employment & Training, Temporary Assistance for Needy Families (TANF), Title IV-B Kinship Navigator, Title V Children with Special Health Care Needs, and Workforce Innovation & Opportunity Act (WIOA).

Because braided funding requires distinct tracking and reporting for each source of funding, participants experienced logistical challenges when there were different target populations, funding cycles, and performance indicators; the choice to braid versus blend funding is typically based on funder requirements.xv

Aligning with Focus Group findings, Federal agencies have proven the value of simplifying braiding requirements across multiple entities. For example, the Partnership for Sustainable Communities**i launched in 2009 by the Obama administration convened the U.S. Dept of Transportation, HUD, and the Environmental Protection Agency to better coordinate policies, programs, and funding for affordable housing, transportation, and environmental protection. This Partnership was recently reconvened in July 2021, by Brookings, at the behest of the Biden-Harris Administration. Shared data indicators and interoperative Information Technology can further enable alignment in contracting, financing, and structuring service delivery.

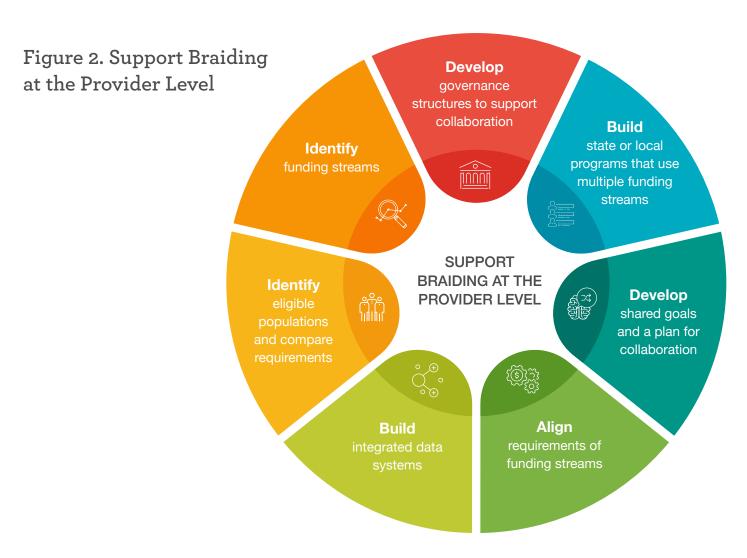
The early childhood sector has demonstrated the value of braiding federal funding at the state and local levels. XVIII, XVIIII, XIX Figure 2 illustrates the activities necessary for effective braiding at the provider level as outlined in a toolkit developed for the US Department of Health and Human Services Office of the Assistance Secretary for Planning and Education. XX

KEY FINDINGS 3

Alignment supports comprehensive, evidence-based multi-generational approaches to addressing Social Determinants of Health — which, in turn, foster greater cross-sector collaboration.

Focus group participants validated the significance of considering the experience and perspective of the end-user of services when creating programs, referred to as *Human-Centered Design*.xxi A shared example of this model is Massachusetts' incremental integration of benefits and services for young parents by coordinating public health, Supplemental Nutrition Assistance Program (SNAP), Transitional Aid to Families with Dependent Children (TANF), child welfare, and education benefits to promote positive outcomes for parents and children. Similarly, three Indiana state agencies focused on disabilities, aging, and mental health/substance use disorders developed a joint Medicaid spending plan with technical assistance from the National Center on Advancing Person-Centered Practices and Systems to harmonize person-centered planning across these three populations.xxii

Another evidence-based strategy for program alignment shared by participants is the *Two-generation (2Gen)* approach, which builds family well-being by intentionally and simultaneously working with children and the adults in their lives together. Maryland created the Two-Generation Family Economic Security Commission, xxiii which focuses on child development and adult needs to integrate services and



supports to move the whole family forward.xxiv Maryland's Department of Human Services integrated agencies and resources at local, state, and federal levels through this approach.xxv

ARIZONA'S IMPLEMENTATION OF THE FAMILY FIRST PREVENTION SERVICES ACTION

Arizona's Department of Child Safety and a statewide association of providers utilized a Medicaid waiver to support integrated physical and behavioral health care to meet the needs of children and families using evidence-based models, including Healthy Families, Parents as Teachers, and Nurse-Family Partnership.

"We have a very strong state association of 122 health and human service providers that came together with the Department of Child Safety, and worked in groups to really inform the state on models and what would be useful, and what was in place now that probably could be removed and added in...A lot of work was done upfront around the child welfare system and keeping kids out of foster care."

Participants shared their experiences with Population-Based Service Alignment efforts, such as the Virginia Crossover Youth Work and Colorado GIT Court for youth involved in the criminal justice System. Population-based models were also used to serve individuals with disabilities, with community-based organizations mediating between the county and state agencies serving youth and adults with disabilities. Also, Kentucky and Oregon utilized a populationspecific alignment model for universal home-visiting programs for families with babies and young children.

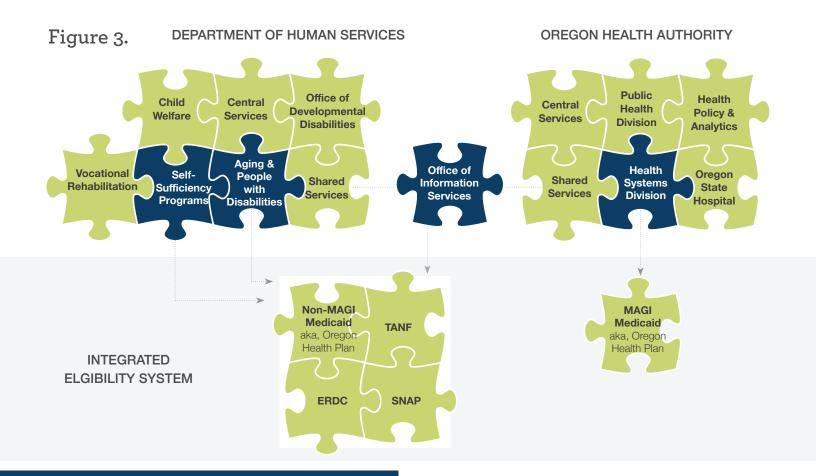
A California county human services department tailored services for adolescents who identify as LGBTQ+, a population overrepresented in the child welfare system. In addition, community-based organizations shared populationbased prevention initiatives to address the overrepresentation of young Black males in the child welfare system. One caution is that a population-based structure may give a particular population (e.g., disability community) greater visibility and may result in missed opportunities if other state agencies assume that one dedicated agency will support that population.

State government and community-based organization leaders spoke to the importance of cross-sector collaboration in developing plans and programs. Cross-sector collaboration can take many forms, including interprofessionalxxvi crossagency staffing, cross-division meetings, investments in local cross-sector work, and cross-sector advisory structures. An example of cross-sector initiatives included the South Carolina Joint Citizens and Legislative Committee on Children, which connects advocates, agencies, and legislators to identify and achieve shared goals**xvii While many state agencies reported making great strides to partner with a community-based organization, they identified tensions between the two sectors. Community-Based Organization leaders felt that their involvement in alignment initiatives should happen earlier in the process and more equitably.

KEY FINDINGS 4

Invest in Human Services Information Technology (HSIT) to support state and county alignment.

To support alignment, human service leaders emphasized the importance of investing in Human Services Information Technology (HSIT), including integrated eligibility and enrollment systems. Integrating funding, goals, and communication facilitates expanded access to systems and data for the human services workforce and clients. Regulatory changes can help to harmonize IT infrastructure, data interoperability, and data sharing. The Maryland myMDTHINK gateway to health and human services portal allows a one-stop access point so that clients "do not have to go from door to door, repeating their story."xxviii, xxix



OREGON'S NO WRONG DOOR APPROACH TO FACILITATE ELIGIBILITY AND ENROLLMENT

The Oregon Department of Human Services and Oregon Health Authority provide health care, childcare, food and cash assistance, and other public health and social services to 1.5 million residents (**Figure 3**). Their Integrated Eligibility Project aimed to streamline the experience of applying for and providing public assistance.**

"We did roll out our integrated eligibility technology statewide in the middle of the pandemic. So that's the good news. And so now our challenge is really integrating the workforce. So, people have been in aging and people with disabilities and within our self-sufficiency programs. They're using the same technology, but they still don't see themselves as the same workforce and the same customer service experience. So, we're looking at building an Integrated Eligibility Division where we would actually put staff together from an organizational perspective, which will be a significant move."

States with harmonized IT and data collection systems, such as California, Colorado, and Pennsylvania, have utilized data to support person-centered planning and targeted case management. Predictive analytics — the practice of identifying patterns in existing data sets to predict future outcomes — has informed programmatic models to address human service needs. In child welfare, for example, predictive analytics may help determine a child's level of risk of experiencing maltreatment.xxxi

While focus group participants agreed on the importance of using data to identify risk, there was variation in the *best approach* to predict and mitigate risk. Predictive analytics tools raised some concerns for participants, given that this approach's effectiveness relies upon high-quality data in a risk-averse sector. The model is based on historical data and uses proxies to measure child maltreatment. Given the high-risk nature of child maltreatment, participants were reluctant to use part data to inform a child's future outcome, including relocation from their household. Furthermore, due to historically discriminatory welfare practices, children of color may have been relocated more frequently than others; thus, the model might identify children of color as at a higher risk for maltreatment.

ALLEGHENY COUNTY, PENNSYLVANIA'S USE OF PREDICTIVE ANALYTICS

The Allegheny County Department of Human Services uses the Allegheny Family Screening Tool (AFST), an algorithm to automatically process data collected from welfare calls and produce a Family Screening Score that predicts how likely a child is to be involved with the child welfare system in the future (in other words, how likely it is that a child is experience maltreatment). The AFST also integrates data from each call into a central database, further informing future predictions.

KEY FINDINGS 5

Regulatory relief, federal waivers and subsidies, and reimbursement parity are essential to maintaining high-quality human services and innovating to meet emerging needs.

The COVID-19 pandemic brought about unprecedented and significant shifts in the delivery of healthcare and social supports. While many human services sector innovations have been developing over the past decades, the pandemic provided an opportunity to accelerate some of these efforts and increase regulatory flexibility, which enabled alignment efforts.

Nearly all participants cited the ability to establish, maintain, and expand their virtual presence due to COVID-19. This ability to offer telehealth services was essential to clients and the workforce to ensure service provision could continue during the "shutdown" and beyond. While telecommuting afforded safety and flexibility to the human services workforce, virtual services posed limitations to the quality and effectiveness of services, especially in the case of child welfare home visits. While widely acknowledged as beneficial, teleservices were viewed as complementary to in-person service delivery rather than a substitution.

"The second we were in the crisis, we looked at what administrative rules could we waive to make life — particularly child welfare and childcare — a little more manageable. We waived quite a few rules and statutes that we've been sitting there going, why did we have this? And do we need to restore this?"

Reimbursement parity was critical in supporting telehealth, as was the removal of prior-authorization requirements. Participants shared that regulatory relief helped to streamline service eligibility and enrollment, with no-interview waivers in some states and the conversion to statewide processing of applications in others. Subsidies allowed organizations to compensate staff for overtime and paid leave, which was essential to the emotional and financial well-being of the sector and workforce.

According to participants, receiving permission and support from the government to deliver services more flexibly enabled community-based organizations to scale up (or down) programs and align client services through outsourcing and novel programs. Regulatory relief and federal subsidies also enabled changes in workforce utilization, such as reallocating staff to address emerging needs and cross-training case managers to provide more holistic support.

"COVID gave us illustrations of how effective we can be when we're all galvanized towards the same outcome and there are so many common things across different kinds of systems, child-serving and economic security systems, that really move us toward more integrated care systems, and expectations on how we perform."

In Indiana, for example, the Department of Disability and Rehabilitative Services trained its staff to administer COVID-19 vaccines. Finally, participants noted that the pandemic increased community engagement, with county and state agencies relying upon community-based partner intel and client perspectives to deploy services. Michigan redeployed staff from community-based organizations to deliver lunches in school districts that did not have available staff, thereby

preventing layoffs and demonstrating the adaptability and reliability of the human service sector. Finally, Washington, DC enacted the Building Blocks Emergency Response for fast resolution and aligning of resources using an incident commander approach.xxxii

KEY FINDINGS 6

Investment in the human services workforce is critically important for both public and private sector human services workers.

Participants spoke to the importance of innovations, specifically the need for career pathways or ladders, in the broader context of a learning organization. They acknowledged that besides providing education and opportunities for professional advancement, the workforce needs tools and flexibility. One participant spoke of the equipment and technology conversion their agency underwent during Covid, providing laptops and cellphones with hotspots to support remote work.

In some states, greater wage parity is needed to retain workers in the private sector, given that employees with the same qualifications and level of responsibility working in state agencies receive higher wages. In other states, however, community-based and state-employed workers receive equally poor wages. As one participant noted, some of those state-employed workers are eligible for the benefits they administer. Several participants noted that the human services workforce is overrepresented by women of color, who can provide valuable insights into vulnerable communities and equity concerns. Investing in the human services workforce entails trust and accommodation.

KEY FINDINGS 7

State leaders — elected and appointed — need to steer the course towards equity.

In recent years, the United States has undergone a reckoning concerning structural racism, police violence, and overt racial prejudice. At all levels of government and among community-based providers, there is recognition that equity is a top priority, necessitating the utilization of an equity lens and elevating the community's voice.

This sentiment was shared by all participants and is reflected in the following proposed strategies for state and county agencies:

- Ensure diverse representation in leadership and across the workforce, which will be achieved by hiring, developing, training, and retaining diverse staff members;
- Eliminate differential pay rates between the public and private sectors, negatively impacting communitybased organization workforce retention and posing equity concerns;
- Elevate human services strengths-based language, linguistic diversity, and cultural competency to benefit human services clients, the workforce, and provider organizations;
- Cultivate equitable partnerships between communitybased organizations and communities to incorporate local knowledge and improve planning and service delivery; and
- Bolster trust-building among human services providers, workforce, families, and individual clients.

Another suggested strategy for promoting equity was amplifying community and family voices by soliciting and incorporating client feedback. Washington, DC, used this strategy to convene families, advocates, and city councilors to reform the Rent Free Housing Program and TANF. Similarly, Oregon recruited a Client Advisory Board for its Supplemental Nutrition Assistance Program (SNAP), and Maryland's 2-Gen Commission includes community members.

EXAMPLES OF STATE INVESTMENT IN LINGUISTIC RESOURCES

Oregon's Department of Human Services immediately changed its acronym from DHS to ODHS during COVID-19 in response to reported fears among immigrant communities who may have confused it with the Department of Homeland Security; thus, some individuals might not pursue benefits they were eligible for.xxxiii

Wyoming's Department of Family Services (DFS) is cultivating a shared language among diverse sectors through the "WY Home Matters," a system-wide vision to promote a prevention-oriented Child and Family Well-Being System that empowers families to travel a self-sustaining path.xxxiv

Barriers and Circumstances that Impede Alignment

Despite conducive circumstances and a concerted strategic focus, there are numerous impediments to alignment within the human services sector. Such barriers include the lack of integrated data up-to-date technology, a persistent siloed infrastructure, limited resources, and Political Tensions. This section highlights some specific issues and nuances in these four domains.

Data and Technology

The lack of integrated eligibility, enrollment, and care management data is a significant problem for state and county human services agencies and the sector as a whole. Antiquated software used in billing even leads to delayed reimbursement for county-level and community-based providers. Updating legacy systems and improving interoperability require funding, capacity, and time. Moreover, such technology innovations often depend upon policy support, which not all leaders have time to implement due to regime change (<2 years, in some cases). Furthermore, state and county organizations may experience workforce resistance to change.

"We have all the eligibility services, SNAP, Medicaid, TANF, we also have the child welfare services, the child support services and childcare services — they're all different systems. They're all different platforms that they use, and they don't speak to one another."

"So we also do the predictive analytics work in our child welfare arena...we couldn't pull data from a lot of the different systems. We were able to use some of them, but not all of them. We're now wanting to do a project to look at who is receiving childcare, child support, and the eligibility services (whether they) mitigate, or as a risk and prevention factor for child welfare. Because those systems don't speak to one another, we're really struggling to be able to do that."

While the lack of aligned IT infrastructure and software in state and county agencies poses a significant barrier to the alignment of services, so does insufficient data access. There is an absence of shared indicators that could contribute to alignment and help drive more collaboration. Integrated data sharing, such as that implemented in Maryland, can help county-level and community-based providers determine their eligibility for funds and fulfill reporting requirements.

Limited access to data among community-based providers and complicated state/county relationships can impede data-sharing and data utilization in predictive and descriptive analysis. Some counties cited limited workforce capacity and bandwidth to collect and analyze data and noted the importance of partnerships with regional universities as a critical resource in effectively analyzing and utilizing human services data.

"When you don't really own the information, or the system, that can impede your ability to do the work you want to do, to be more integrated.... it's going to benefit the residents that we're serving...we need support in doing this and making sure that we're able to get the access to that data and information that we really need."

Structure

Persisting silos at federal and state levels pose barriers to funding and alignment. This disconnected infrastructure is often accompanied by contradictory regulations and can confuse clients and the workforce. Participants emphasized that merely sharing funding or grouping services within an agency is insufficient for integration. Reworking administrative structure must also include aligning policies and procedures, particularly those related to data and communication.

Some states have conducted internal assessments and audits to identify efficiencies and deficiencies. Such assessments can inform reorganizations that reduce silos. For example, the Oklahoma Department of Human Services developed a human-centered design (HCD) culture to include the perspectives of stakeholders and other state agency programs. In the current structure, the Department of Human Services and the Office of Juvenile Affairs are under the same cabinet but in different agencies. Leadership is focused on aligning digital and physical distribution models to support HCD.xxxx

APHSA members across the county highlighted the ability and responsibility of state leaders to reduce silos and promote integration. Several states have experimented with different types of structures that separate or combine departments and divisions in pursuit of alignment priorities. The Indiana Family and Social Services Administration brought together the Division of Aging, Division of Disability and Rehabilitative Services, and Department of Workforce Development to pursue funding to improve home- and community-based services for Medicaid beneficiaries.xxxvi Likewise, the Kentucky Cabinet for Health and Family Services brought together the State Interagency Council for Services and Supports to Children and Transition-age Youth (SIAC) and the Administrative Office of the Courts to streamline services for court-involved youth with behavioral health issues and whose families are involved with the Department for Community-Based Services (DCBS).xxxvii

Separating departments was found to have resulted in reduced control over cash benefits. Notably, Oregon and Wisconsin implemented governor-led coordinated care models. Furthermore, counties and community-based organizations noted tensions with state governments whose "red tape" and strict oversight resulted in delays in licensing and innovation.

Resources

Limited time, inadequate capacity, and high turnover within the human services workforce have posed limitations and created a culture of apathy. According to participants, a leader's effectiveness hinges mainly on those civil servants who precede a director and who will still be there after the director leaves. Resistance from the workforce can be a barrier to staff sharing and cross-training intended to support alignment.

Several participants noted that most contracts are intentionally structured to provide *insufficient levels of funding* to providers (i.e., 25–30% deficit financing). Also, many organizations pose rigid education qualifications for their provider staff, which can impact their ability to be flexible and innovative especially given the widespread shortage of behavioral health and human services professionals. Several community-based organizations cited strategy-restricted funding and categorical-restricted beds as significant barriers to the holistic provision of human services. To address this challenge, the St Louis County, Missouri-based Children's Service Fund offers unrestricted funding to support the community-based provision of child welfare services.

Political Tensions

Discord among the executive and legislative branches of state government and partisanship among municipal, county, state, and federal governments, can pose a barrier to alignment. Efforts to enact or hinder Medicaid Expansion, such as that which took place in Kentucky, Missouri, and Wisconsin, have been divisive for state alignment efforts. The aforementioned public sector workforce resistance to change may be attributable to insufficient trust between civil servants and political appointees. Participants from the public and private sectors emphasized the importance of working with elected politicians and agency leadership *across* political parties to find common ground, such as relaxing the restrictions and regulations for providers.

Conclusion & Recommendations

Public and private sector leaders clearly stated that alignment of human services is crucial for the efficiency and equity of the sector. There is a timely need to address the barriers to alignment and a widespread desire for the continuation of regulatory relief and innovation afforded by the COVID-19 pandemic. Integration and alignment are achievable, yet there is a cost to alignment that requires investment. Participants emphasized the importance of leveraging human capital and resources to facilitate flexibility and compliance build building the capability to scale services up and down. There is more than one approach, and incorporating different processes can facilitate alignment.

Collectively, participants called for increased investment in support of the following:

- Leadership Training, so current and emerging leaders are equipped to make and learn from mistakes, change agency culture, be transparent, address barriers, and gain trust;
- Human Services Workforce, including education, training, and career pathways; expanded roles for paraprofessionals and peer workers; and more equitable compensation to improve workforce satisfaction and retention;
- Technology infrastructure to facilitate access and utilization across state and county agencies and create an integrated and harmonized data system across health, education, and social services;
- Prevention efforts that restore the safety net and promote economic stability and mobility for families while mitigating the Benefits Cliff Effect;
- Flexible Funding for organizations and leaders to scale up and down as needed, respond to community crises, and encourage creativity within evidence-based parameters; and
- The pursuit of equity achieved in part by attracting, promoting, and retaining diverse leadership.

When asked about the future of human services, participants clarified that while additional funding is essential, it is insufficient as a solution. The rapid influx of funds without advanced planning can diminish coordination. Therefore, it was clear to participants that early co-planning and strengthening the functional capacity of the human services sector is vital to alignment success. Also, successful alignment is dependent upon solid linkages to core services in and outside the human services sector, systemic-oriented solutions, and improved public and private (CBO) service design and delivery systems.

To evolve a more responsive human services system, federal and state leaders must encourage creativity while assuring accountability. Aligning indicators and reporting requirements at state and federal levels can facilitate the braiding of funding and interoperability across divisions and departments. Approaches to alignment should also incentivize collaboration through financing, replacing current competition with funding contingent upon integration. The pursuit of philanthropic funding also allows for greater flexibility and innovation. Incentivizing long-term outcomes is essential, in addition to incentivizing compliance with regulations. The trade-off between flexibility and compliance is complex; the tensions are real.

Appendix A: Focus Group and Interview Discussion Guide

A major question from the RWJ Foundation is how, and when, do state human services agencies align/coordinate with one another?

So far, while some states have reported specific ongoing collaborations (TANF, SNAP, and Medicaid eligibility determination; family stabilization and parental workforce development; etc), our findings suggest that alignment and collaboration most often happens when:

- a) state leadership drives it
- b) there is something in it for the respective agencies, or (motivation/incentive)
- c) certain population interests compel collaboration (child welfare problems; disability litigation; juvenile justice preventive interventions; etc)
 - + Tell us about how, and when, inter-agency human services collaboration happens in your state?
 - + And across which agencies are those collaborations most likely to happen?
- 2 We have identified many Covid-related innovative efforts undertaken by county and state-level human services agencies. They have included:
 - a) virtual eligibility and enrollment approaches
 - b) scope of practice changes, including telecommunication use
 - c) enhanced (and hazard-related) payment and scheduling strategies for direct service individuals
 - d) co-training and/or co-location of public agency enrollment & service delivery personnel (accessibility)
 - e) community health worker (cross) training of (and use) of human service workers in Covid-related outreach & contact-tracing, etc.
 - + What do you consider to be the most effective and/or innovative Covid-related efforts undertaken by human

services agencies in your state? (improving integration, workforce development)

Probes

- Which, if any, of these innovations would you like to see continue in the post-Covid period?
 - + What, if any, are the greatest barriers (regulatory, administrative, legislative, financial, other) to doing so?
 - + To what extent did the ability of most of these innovations depend upon;
- Prior cross-agency collaboration, integrated systems, shared data, local networks? (precedent, path dependency)
 - + Close relationships with public health agencies/programs?
 - + Willingness to permit flexibility in the delivery of services?
- The considerable role of human services in addressing basic needs of vulnerable populations has gained greater visibility during the pandemic. You/they are essential, of course. Nonetheless, the sector continues to be under-funded, inadequately staffed and sometimes over-regulated and has been for a long time.
 - What do you consider to be some post-Covid opportunities for improving the well-being and effectiveness of human services in regard to data collections, management and usage? Supporting the well-being and health of your workforce?

Probes

- To what extent have your agencies been involved in state-level planning regarding the public health and other (large) rescue-related funding coming to states?
- To what extent will your agencies be recipients of those funds?

Acknowledgments

The American Public Human Services Association (APHSA)

Tracy Wareing Evans, *President & CEO*Jen Kerr, *Director, Organizational Effectiveness*https://www.aphsa.org/

Social Current

(jointly formed by The Alliance for Strong Families and Communities and The Council on Accreditation)

Jody Levinson-Johnson, *President & CEO*Ruby Goyal-Carkeek, *Senior Vice President, Programs & Services*Stephanie Pacinella, *Senior Director of Strategy & Business Operations*Rehana Absar, *(formerly) Director of Practice Excellence*https://www.social-current.org/

Advancing Alignment through State Government Practices Advisory Council Members

Mary Lou Breslin, *Disability Rights law and policy Advocate and Analyst,*Co-founder of the Disability Rights Education and Defense Fund (DREDF)
Ana Lopez-Defede, Associate Director, Institute for Families in Society (IFS)
David Hansell, Senior Advisor for Child Welfare Policy, Casey Family Programs
Jody Levison-Johnson, President & CEO of Social Current
Judith Warren, Owner & Principal Consultant at Ascentia Strategies

End Notes

- A Framework for Aligning Systems for Health (RWJF) Aligning Systems for Health: Healthcare + Public Health + Social Services (2021) https://www.alignforhealth.org/ aligning-systems-for-health/
- Cetin, Z., Dutton, M. Ferguson, M. and Newman, N. (2022)
 In Pursuit of Whole-Person Health: An Update on DOH
 Initiatives in Medicaid Managed Care Contracts. Manatt.
 https://www.manatt.com/insights/newsletters/health-high
 lights/in-pursuit-of-whole-person-health-an-update-on-doh
- Morris, G., Roberts, D., Leis, H., Mehring, A., Cederberg, C., Shahid, N., Dreyfus, S., Absar, R., Evans, T., DeSilva, G., MacIntosh, J., and Cavagnero J. (2018). A National Imperative: Joining Forces to Strengthen Human Services in America. Oliver Wyman, Sea Change Capital Partners, Alliance for Strong Families and Communities, American Public Human Services Association. https://www.alliance1.org/web/community/national-imperative-joining-forces-strengthen-human-services-america.aspx
- Maryland Total Human-services Integrated Network (MD THINK) https://governor.maryland.gov/2021/07/29/annapolis-cybersecurity-summit-governor-hogan-enacts-bold-initiatives-to-protect-critical-infrastructure-from-cyberattacks/#:~:text=Governor%20Hogan%20enacted%20an%20executive%20order%20formally%20establishing, multiple%20state%20agencies%20to%20share%20and%20manage%20data
- Minnesota Department of Human Services https://mn.gov/dhs/partners-and-providers/policiesprocedures/adult-mental-health/crisis-services/
- Team Kentucky. Cabinet for Health and Human Services. https://www.chfs.ky.gov/agencies/dms/dpo/bpb/Pages/ childadv.aspx
- wii Wisconsin Department of Health Trauma Care System https://www.dhs.wisconsin.gov/trauma/index.htm#:~: text=Trauma%20Care%20System%20The%20purpose% 20of%20Wisconsin%27s%20statewide,trauma-related% 20data%20%28Wis.%20Admin.%20Code%20%C2% A7%20DHS%20118.01%29
- Felix Consent Decree Support Project, in partnership with the Hawaii Departments of Education and Health https://cds.coe.hawaii.edu/projects/archive/felix-consent-decree-support-project/

- Why You Should Collaborate Across Boundaries —
 Spanning Boundaries Effectively Is Essential for Leaders
 https://www.ccl.org/articles/leading-effectively-articles/
 boundary-spanning-the-leadership-advantage/
- City of Alexandria, VA ARISE Guaranteed Income Project https://www.alexandriava.gov/ARISE
- xi Colorado Department of Human Services Collaborative Management Program https://cdhs.colorado.gov/our-services/child-and-family-services/child-welfare/child-welfare-collaborations
- Wisconsin Department of Human Services Care4Kids Program https://www.dhs.wisconsin.gov/care4kids/ benefits.htm
- Children's Community Mental Health Services and Wraparound Milwaukee http://wraparoundmke.com/
- National Family Support Network (2021) Federal Funding and Family Resource Centers https://www.nationalfamily supportnetwork.org/_files/ugd/ec0538_42f4af7989844 8138bc8cb6e77315a88.pdf
- Gonzalez, K. and Caronongan, P. (2021). Braiding Federal Funding to Expand Access to Early Quality Care and Education and Early Childhood Supports and Services: A Tool for States and Local Communities. Mathematica for the Office of the Assistant Secretary for Planning and Evaluation (ASPE (2021)), U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/2021-08/EC_Braiding_Toolkit.pdf
- Partnership for Sustainable Communities: Unfinished business. (2021). Convened by the Brookings Institute on behalf of the Biden-Harris Administration. July 21, 2021. https://www.brookings.edu/events/partnership-forsustainable-communities-unfinished-business/#:~:text=Launched%20in%202009%20by%20the%20Obama%20 administration%2C%20the,regards%20to%20affordable %20housing%2C%20transportation%2C%20and%20 environmental%20protection
- U.S. Department of Health and Human Services, State Issues and Innovation in Creating Integrated Early Learning and Development Systems. HHS Publication No. (SMA) 11-4661. Rockville, MD: U.S. Department of Health and Human Services, 2011. http://store.samhsa.gov

- butler, S., Higashi, T. and Cabello, M. (2020). Budgeting to Promote Social Objectives A Primer on Braiding and Blending. The Brookings Institution through support from the Robert Wood Johnson Foundation (Economic Studies at Brookings) (April 2020) https://www.brookings.edu/wp-content/uploads/2020/04/BraidingAndBlending 20200403.pdf
- vix U.S. Department of Health and Human Services, State Issues and Innovation in Creating Integrated Early Learning and Development Systems. HHS Publication No. (SMA) 11–4661. Rockville, MD: U.S. Department of Health and Human Services, 2011. http://store.samhsa.gov
- Gonzalez, K. and Caronongan, P. (2021). Braiding Federal Funding to Expand Access to Quality Early Care and Education and Early Childhood Supports and Services: A Tool for States and Local Communities. Mathematica for the Office of the Assistant Secretary for Planning and Evaluation (ASPE(2021), U.S. Department of Health and Human Services. https://aspe.hhs.gov/ sites/default/files/2021-08/EC_Braiding_Toolkit.pdf
- Rosinsky, K., Murray, D.W., Nagle, K., Boyd, S., Shaw, S., Supplee, L. and Putnam, M. (2022). A Review of Human-Centered Design in Human Services, OPRE Report 2022–78, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/OPRE-HCD-State-of-Field.pdf
- Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) National Center on Advancing Person-Centered Practices and Systems (NCAPPS) https://ncapps.acl.gov/technical-assistance.html
- Maryland Department of Human Services (2017) Interim Report on the Two-Generation Family Economic Security Commission and Pilot Program https://governor.maryland.gov/wp-content/uploads/2018/01/interim-2-gen.pdf#:~:-text=With%20the%20family%E2%80%99s%20self-sufficiency%20at%20the%20center%2C%202Gen, areas%20with%20the%20highest%20levels%20of%20 corresponding%20needs
- Mosle, A. and Sims, M. (2021). State of the Field: Two Generation Approaches to Family Well-Being. Ascend at the Aspen Institute https://ascend-resources.aspen institute.org/resources/state-of-the-field-two-generation-approaches-to-family-well-being/
- Arizona Department of Child Safety https://dcs.az.gov/about

- Littlechild, B. and Smith, R. (Eds.). (2013). A Handbook for Interprofessional Practice in the Human Services: Learning to Work Together (1st ed.). Routledge. https://doi.org/10.4324/9781315833620
- South Carolina Joint Citizens and Legislative Committee on Children https://www.sccommitteeonchildren.org/
- Maryland myMDThink Consumer Portal Gateway to Health and Human Services https://mymdthink.maryland.gov/home/#/
- One Oregon, Eligibility and Enrollment website portal for Health and Social Services https://one.oregon.gov/
- Clarno, B. and Memmott, K. (2019). Oregon Secretary of State Audits Division Integrated Eligibility Project Has Generally Followed Industry Standards to Help Ensure Data Is Converted Completely and Accurately https://sos.oregon.gov/audits/Documents/2019-37.pdf
- Chadwick Center and Chapin Hall. (2018). Making the Most of Predictive Analytics: Responsive and Innovative Uses in Child Welfare Policy and Practice. San Diego, CA & Chicago, IL: Collaborating at the Intersection of Research and Policy. https://www.chapinhall.org/wp-content/uploads/Making-the-Most-of-Predictive-Analytics.pdf
- Washington DC Office of the City Administrator Building Blocks DC https://oca.dc.gov/page/building-blocks-dc
- Oregon Department of Human Services (ODHS) https://www.oregon.gov/DHS/benefits/Pages/index.aspx
- Wyoming Department of Family Services Report to the Joint Judiciary Committee. (2021). Wyoming's Juvenile Justice System: Through the Eyes of the Wyoming Department of Family Services https://wyoleg.gov/InterimCommittee/2021/01-202106142-14DFSJJReportfor-JtJudiciary.pdf
- Oklahoma Department of Human Services https://oklahoma.gov/okdhs/services.html
- Indiana Family and Social Services Administration Home and Community Based Services Enhanced Federal Medical Assistance Plan (FMAP) Spending Plan https://www.in.gov/fssa/ompp/hcbs-enhanced-fmap-spending-plan/
- XOXVIII Kentucky Cabinet for Health and Human Services, Department for Behavioral Health, Developmental and Intellectual Disabilities, State Interagency Council for Services and Supports to Children and Transition-age Youth (SIAC) https://dbhdid.ky.gov/dbh/siac.aspx#:~:text=The%20State%20Interagency%20Council%20 for,of%20a%20nonprofit%20family%20organization

xxxviii St. Louis County Children's Service Fund https://stlcsf.org/



