POLICY & PRACTICE

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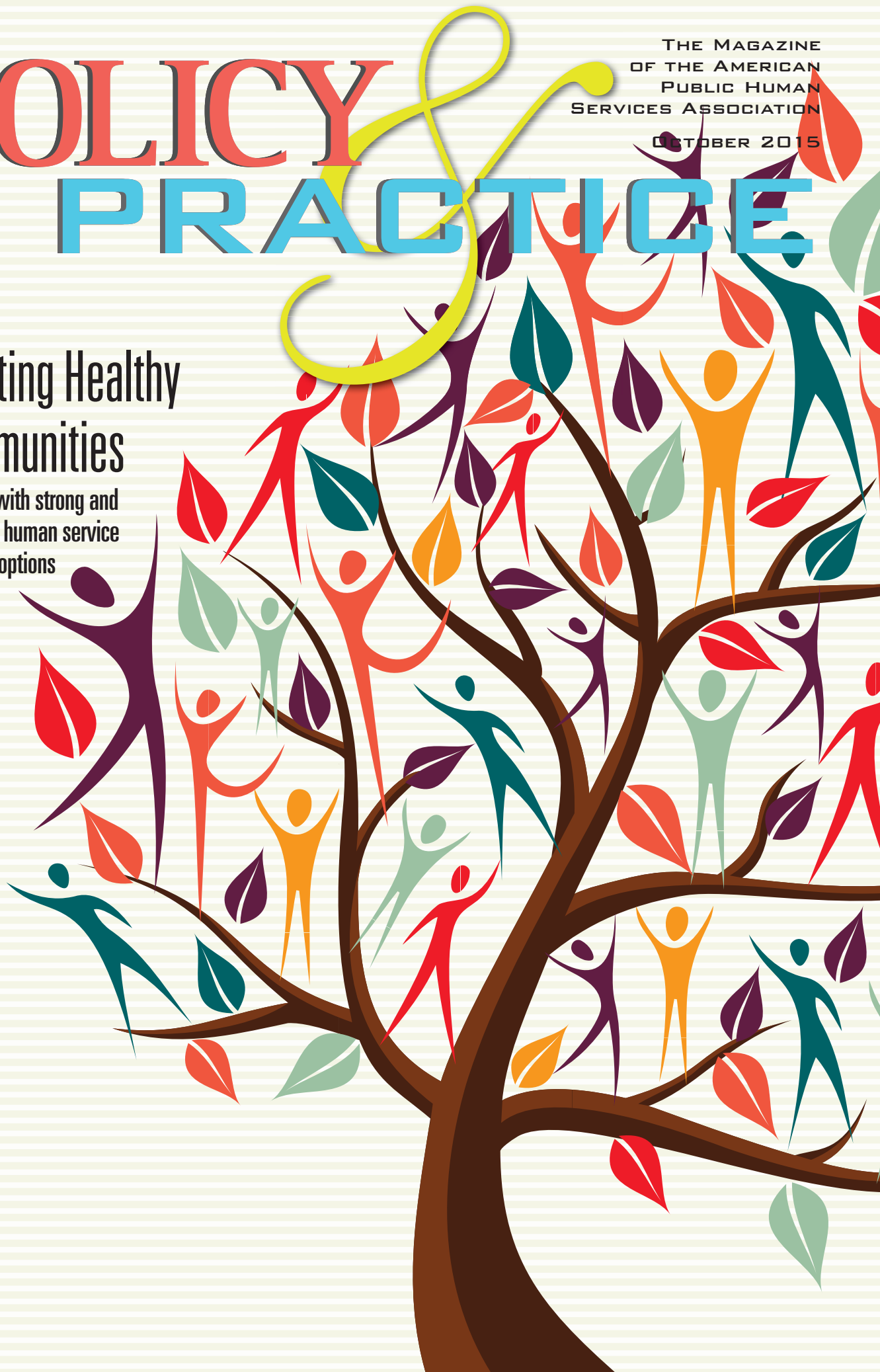
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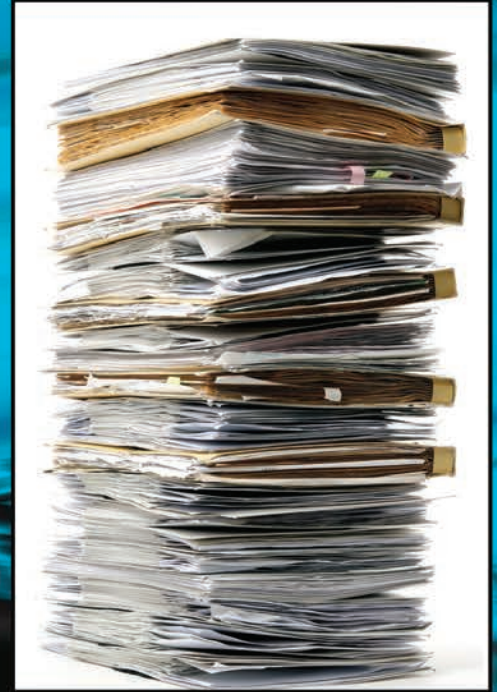
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Vision: **Better, Healthier Lives for Children, Adults, Families and Communities**

Mission: **APHSA pursues excellence in health and human services by supporting state and local agencies, informing policymakers, and working with our partners to drive innovative, integrated and efficient solutions in policy and practice.**

By Tracy Wareing Evans

Introducing the Self-Diagnostic Deputy Dashboard and Initiatives for Senior Management

As we get closer to approaching a new year, it is important to reflect on the successes and challenges we have already encountered in 2015. Interestingly enough, a tool we established this year promises to be a success by focusing on some of the challenges faced when managing and navigating through a complex health and human service system, year after year.

With significant input and advice from a range of state and local agency deputy directors, APHSA staff has developed a dashboard of self-diagnostic topics that comprise agency deputies and senior management teams' roles. We've organized the dashboard topics within the following three general areas: system-wide, agency-wide, and team-based/individual-specific.

System-wide areas include: overarching practice model; partnerships; health and human service policies and programs; public and media relations; political relationships and dynamics; labor market analysis; sourcing talent; leveraging a multi-generational workforce; cross-cultural awareness; health and wellness; advocacy; and the larger context for our field.

Agency-wide areas include: strategic planning; consultative practice and service; finance; technology, data and analysis; business process flows; legal compliance; change management; building a culture of empowerment; communication; continuous improvement; succession planning; recruiting and retaining talent; developing talent; managing performance; compensation and incentives; organizational structure and role; support functions (e.g., human resources, information technology, finance); workforce capacity and reductions; job and competency design; and workplace design.

Last, the *team-based/individual-specific* areas include: casework teams; consumer engagement activity; high-performing teams; managing meetings; project management; group facilitation; building trust; difficult conversations; decision making; motivation and positive reinforcement; resistance and power; safety and accountability; leadership platforms; modeling values; following through; managing stress; and time management.

Our intention is to help guide agency leaders in a range of topics for which there are necessary knowledge and tools required to effectively manage and operate an agency.

For each topic we have included a range of reflective questions to help deputies identify topics of greatest importance to them. Based on this self-assessment, deputies will then explore two general types of repository content:

1. Guidance, research, and tools or templates from subject-matter experts from within human services and from other industries and settings;
2. Brief accounts of what peers around the country are experiencing and doing in that topical area.

Agencies can benefit from these tools in a variety of ways:

1. Gain greater awareness and knowledge in areas of interest;
2. Connect and learn from other members making improvements in these same areas;

> *This new tool will play a major role in our recently launched deputy program designed to better support agency activities at various senior levels. Over time, we intend to use this dashboard as a means to collect and organize what our member agencies are doing to be effective, including sharing contact information so members can benefit from one another's experience.*

By Daniel Pollack

Safeguarding Minors From Being Inadvertently "Outed" By Human Service Agencies

Trust has always been the foundation of a human service agency's relationship with its clients. Subcategories of that trust, privacy and confidentiality, are cemented in statute and regulation. This protection provides the basis for an effective relationship and ensures that agency officials will not disclose information with others unless there is a sanctioned and pressing need to do so. It follows and it is self-compelling that, in general, information regarding an individual's sexual orientation or gender identity is private, unless that person has publicly made it known.

"Outing" has been defined as either an intentional or unintentional public revelation of an individual's sexual orientation or gender identity without his or her consent. As used in this article, it is the unintentional sharing of information about an individual's sexual orientation or gender identity for an alleged constructive purpose, without any malice, hostility, or regard to any political agenda. Outings by human service officials can have detrimental results for minors whose privacy has been compromised. For instance, LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) youth are already "at increased risk for suicidal thoughts and behaviors, suicide attempts, and suicide. A nationally representative study of adolescents in grades 7–12 found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers."[1]

Ohio attorney Hannah Botkin-Doty notes that "LGBTQ youth are also at an increased risk for retaliatory acts by parents or other caregivers who may disagree with their minor's sexual orientation or gender identity. According to a study by Durso and Gates (2012),[2] 381 responding human service agencies reported that 40% of the homeless youth they served identified as LGBT. Therefore it is a profound demonstration of trust and maturity for minors to reveal their sexual orientation or gender identity to a human services agency staff member. Such an act merits the same kind of awareness by those staff to be wary that further revelation could be detrimental to the mental and physical wellbeing of those youth."

A range of legislation in the 21st century has heralded unprecedented legal rights and protections for LGBTQ individuals. The U.S Supreme Court has found, under the auspices of personal autonomy, that there is a right to privacy that protects matters related to "marriage, procreation, contraception, family relationships, child rearing, and education."[3] This article briefly investigates the extent to which human service officials should obtain permission from a minor client before sharing information regarding that client's sexual orientation. Especially because the minor may be in the legal custody of the agency, e.g., if the minor is in foster care, the case for not revealing a minor's sexual orientation is more multifaceted than for other specified groups.

Information sharing defines relationship. The legal definition of privacy is an evolving term that allows us to experience freedom in real time.

The Importance of Work: More than Just a Paycheck

In the field of human services, we are constantly talking about work, and rightly so. For most human service customers employment is critical to their ability to meet their needs and support the health and well-being of their families and communities. This is why workforce engagement is such a critical component of many human service programs. But work is about more than financial self-sufficiency. Work is an essential, defining component of most Americans' lives. In a nation that highly values independence and rugged individualism, a person's job, and the freedoms and social influence one garners from earning a living through working at employment worth doing, is inextricably linked to identity.

Throughout childhood, children display their budding professional interests through costumes and brightly colored presentations answering the ubiquitous question, "What do you want to be when you grow up?" Work defines us considerably more as we move into adulthood. The transition from being dependent on one's parents to becoming a financially independent worker dramatically affects a person's identity and self-esteem.[1] One of the first questions adults ask one another when first meeting is, "What do you do?" Perhaps this perpetual question serves as an answer to the "What do you want to be" question we are peppered with throughout childhood.

Some professions—and the workers that perform them—are elevated in the public eye for their valor and selfless commitment to the support of the common good. Think firefighters, the military, doctors and nurses. And while many workers may not be considered heroes or leaders for the work they

do, they still garner respect from their ability to provide for themselves and their families. Work offers not only a means to support a family, but also an extra familial source of identity.

Unfortunately, many Americans face very limited employment opportunities. Whether through low levels of skills and education, or exclusion from the systems of social capital that lead to better opportunities, many Americans encounter barriers that prevent them from finding and securing jobs that promote stability and well-being. The connection between employment and well-being is well-established. Unemployment is shown to have a number of negative psychological effects. However, securing a job does not ameliorate those effects if the working conditions do not afford some of the supports that many people find helpful, if not essential.[2]

There is dignity in all work, but it is not intrinsic in all jobs. Those jobs that

lack basic worker protections, such as decent wages, opportunities for professional growth, appreciation for the value of employees to a company, and authentic and open communication between employer and employee can have negative psychological effects on workers, such as lower self-esteem, which carry over into other areas of their lives.[3] For example, research indicates that negative work experiences are associated with negative parenting styles.[4]

"Two-generation" approaches to work and family stability focus on holistic services that recognize the critical roles that parents play in shaping their children's lives, and acknowledging the strong interrelationship between work success and family success. Work is critical to human service customers' ability to become financially stable and meet

Illustration by Chris Campbell

What's New with the National Collaborative?

Over the past several months, APHSA's National Collaborative for Integration of Health and Human Services has been in full swing. Formerly referred to as the National Workgroup on Integration (or NWI), the National Collaborative continues to focus on the multi-dimensional opportunities that will enable state and local health and human service agencies to achieve the **Generative Level** (see box, at right) or desired operational "to-be" state of public-sector health and human service coordinated service delivery.

We know this evolution takes multiple and parallel efforts across a variety of stakeholders to be successful. As we continue to work toward the Generative level throughout the health and human service system, here are some of our highlights over the past couple of months:

A-87 Cost Allocation Exception Extension and Expanded Access to CALT

With assistance from APHSA's membership, including IT Solutions Management for Human Services (ISM), APHSA led a national two-year effort to underscore to our federal partners the critical necessity of extending the Office of Management and Budget's Circular A-87 Cost Allocation[1] Exception beyond the initial December 31, 2015 deadline. The deadline extension is a critical component in most states' modernization strategy to move toward higher levels of service integration while simultaneously reducing costs to both federal and state taxpayers.

In July 2015, the U.S. Department of Health and Human Services' (HHS) Centers for Medicare and Medicaid Services (CMS) and the Administration for Children and Families (ACF), and the U.S. Department of Agriculture's (USDA) Food and Nutrition Services (FNS), formally announced the three-year extension for the A-87 Exception to December 31, 2018. Also consistent with APHSA's recommendations, HHS and USDA have made the enhanced 90–10 federal match for Medicaid eligibility and enrollment systems (E&E) and components permanent, as well permitted access by state human service programs to CMS' Collaborative Application Lifecycle Tool (CALT) to further the reuse and sharing of artifacts between states working to modernize their E&E systems across health and human service programs.

State Data Exchange Community of Excellence (aka P3 CoE)

In August 2015, the Social Security Administration's (SSA) Office of Data Exchange (ODX), under the Office of Data Exchange and Policy Publications (ODEPP), launched the State Data Exchange Community of Excellence. Members of this public–private partnership (P3) effort include federal agencies such as HHS' ACF and CMS and USDA's FNS; APHSA as the non-profit member organization; and public entities, including state health and human service agencies. SSA will evaluate the information gathered and shared within the P3 CoE to better understand states' data needs and to evaluate 21st century technology,

The Generative Level of the Human Services Value Curve is a term used increasingly in the health and human service field indicating the desired future state of public-sector practice, policy, and operations. With its genesis in the work of Harvard's Leadership for a Networked World, APHSA's *Pathways* framework, and further defined through APHSA's *Health & Human Services Integration Maturity Model,* the levels of the Human Services Value Curve are defined as:

Regulative: Delivering services to program participants for which they are eligible while complying with categorical policy and program regulations.

Collaborative: Ensuring the appropriate mix of existing services for program participants working across agency and programmatic boundaries.

Integrative: Addressing and solving the root causes of program participants' needs and challenges by seamlessly coordinating and integrating services.

Generative: Creating healthy and well communities by working with others outside of the H/HS enterprise to address complex health and social challenges.

For more information, visit the National Collaborative's page on the APHSA web site, *www.aphsa.org.*

consider policy changes, leverage federal funding, prioritize initiatives, and formulate plans to consider changes to SSA data sharing to support states' (system) modernization efforts.

Based on discussions between SSA, HHS, USDA, and APHSA's National

Ugly, but Edible

Tackling food waste from coast to coast

By Lisa Dupree

University of Maryland, College Park (UMD) alumni Ben Simon, Mia Zavalij, and Cam Pascual noticed a problematic trend as undergraduates: uneaten food from campus dining halls was thrown away, every night.

At the flagship institution, sitting just four miles outside of Washington, D.C., with an enrollment of more than 30,000 students, Zavalij estimated this daily turnover, cumulatively, to be between 20,000–30,000 pounds a year.

"It was just something that does not feel right, does not look right—to have a handful of delicious good food, ready to go, ready to eat and then just have that just tossed into a trashcan," Simon said recalling the nightly discards.

But the trend wasn't unique to the campus. The results of a 2011 study by the Swedish Institute for Food and Biotechnology—per the request of the Food and Agriculture Organization of the United Nations (FAO)—estimated that "roughly one-third of food produced for human consumption

is lost or wasted globally, which amounts to about 1.3 billion tons per year."[1] In industrialized and medium- and high-income nations, like the United States, waste is more strongly related to consumer buying habits and breakdowns in the supply chain. FAO lists farmer–buyer sales agreements, cosmetic standards, confusion about sell-by dates, and consumer care-lessness as factors that contribute to high amounts of food waste. The U.S Department of Agriculture's (USDA) Economic Research Service estimates that between 30 and 40 percent of food is lost—totaling $161 billion in 2010.[2] Such waste greatly exacerbates resource consumption, methane gas production, and food insecurity.

Simon didn't have to look far from the campus to see where discarded food could have gone to use. Many of the surrounding areas in Maryland—Prince George's and Montgomery counties—as well as the Northeast and Southeast quadrants of Washington, D.C., are classified as "food deserts."[3] The USDA Agricultural Marketing Service defines food deserts as "urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food."[4] Additionally, Feeding America's "Map the Meal Gap 2015" report found that nearly one in three children in Washington, D.C. are food insecure—the household-level economic and social condition of limited or unsure access to adequate food.[5]

For Simon "it was a no-brainer to say 'ok look, there are local organizations trying to fight hunger right down the street from [UMD] … let's get this good food to hungry people.'"

In 2011, the UMD students decided to start the Food Recovery Network (FRN) to recover perishable food from

Lisa Dupree is a Summer 2015 marketing and communications intern for APHSA.

What Food Waste Looks Like in America

Imperfect sells farm produce to consumers after it has been rejected by supermarkets and restaurants because of "unnatural" appearance. This, despite the looks having no affect on taste. Among the produce it offers are carrots deemed too crooked (above), misshapen pears (left), and Pink Lady apples that have too small a diameter (below).

Photos courtesy of Imperfect

FOOD WASTE IS A GLOBAL PROBLEM OF BREATHTAKING SCOPE

1/3 of all FOOD globally is WASTED.

1.3 BILLION tons of food are NOT CONSUMED.

AND IT'S A PROBLEM

{THAT'S GROWING IN THE U.S.}

40% of food grown or raised in the U.S. is NOT EATEN.

50% RISE in U.S. food waste — 1974 to 2003

IT'S COSTING A LOT OF MONEY... AND A LOT OF RESOURCES.

25% OF ALL FRESHWATER and **300 MILLION BARRELS** of oil are used to produce food that is wasted.

$250 BILLION lost globally every year

IT'S **FILLING UP** LANDFILLS AND TAKING A **HUGE** TOLL ON THE ENVIRONMENT.

FOOD WASTE is the single largest component sent to American **LANDFILLS**.

It's a significant source of **METHANE** — a potent greenhouse gas with **21 TIMES THE GLOBAL WARMING** potential of carbon dioxide.

Food waste is responsible for **135 MILLION TONS** of greenhouse **GASES** every year, or about **1.5% OF GREENHOUSE GAS EMISSIONS GLOBALLY.**

AND WITH FOOD COSTS RISING,
THAT'S EVEN MORE DOLLARS **GETTING TRASHED.**

Food costs have increased during the last ten years. **42%** ↑

They rose **8%** in 2011 alone.

HOW MUCH OF THIS PROBLEM STEMS FROM U.S. FOODSERVICE OPERATIONS?

4–10% of food purchased is THROWN OUT before reaching a plate.

$8–20 BILLION of pre-consumer waste generated by the U.S. out-of-home restaurant and foodservice industry every year.

Pre-consumer waste is the kitchen waste that occurs before the food even reaches a guest, from **OVERPRODUCTION, SPOILAGE, EXPIRATION** and **TRIMMINGS**. It's within the control of the foodservice operator and can be prevented!

solving THE FOOD WASTE CRISIS
WHAT FOODSERVICE OPERATIONS CAN DO

Diversion strategies, like composting, are important but don't get at the source of the problem. It's like ignoring a broken, gushing pipe in your kitchen and focusing only on mopping up the water.

FOCUS ON PREVENTION.
how? by tracking your food waste.

TRACK DAILY. Measure everything you're throwing away so you can diagnose problems, set baselines and dig into what's driving the waste.

MAKE CHANGES TO PREVENT IT. Use the data to make changes to menus, purchasing and production.

FOCUS ON CULTURE CHANGE. TALK ABOUT FOOD waste openly, **KEEP IT POSITIVE** and encourage everyone to help solve the problem.

MAXIMIZE FOOD WASTE REDUCTION WITH AUTOMATED TRACKING SYSTEMS

TRACKING SYSTEMS HELP FOODSERVICE OPERATORS REDUCE WASTE BY AS MUCH AS **80%** and **SAVE 2–4% OR MORE** on annual food purchases.

Sources:
United Nations Food and Agriculture Organization | National Institute of Diabetes and Digestive and Kidney Diseases | McKinsey and Company | CleanMetrics | U.S. Producer Price Index for finished consumer goods | LeanPath

LeanPath
Infographic produced by LeanPath, creators of automated food waste tracking systems. The path to food waste prevention starts here: www.leanpath.com.

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on-campus dining halls, cafés, and sporting events that would otherwise go to waste. A typical recovery night saves 200 to 300 pounds a food, which amounts to about 15,000 pounds of food recovered annually. After coordinating with dining services (Sodexo at UMD), FRN volunteers store and deliver uneaten food to local organizations like the Christian Life Center in Riverdale, Md.

Though Christian Life Center had an existing food ministry, Pastor Ben Slye was approached by church members who were employed at UMD's "251 North" dining hall. Similar to students, they noted the tremendous amount of food being wasted at the end of each night. After approaching FRN about setting up a donation schedule, Christian Life Center began receiving food from FRN volunteers on Mondays and Wednesdays. Christian Life Center also receives fresh produce from Taylor Farms, Coastal Sunbelt, and Coosemans Produce—through this they are able to distribute 10–15,000 pounds of food throughout the community.

Slye believes that organizations like FRN and others have "recognize[d] that the greatest thing in life is to solve a problem," and that food insecurity is not a food production problem, but rather a "food distribution problem." Slye added that food recovery and donation programs are "literally helping families sustain themselves."

The Food Recovery Network has since grown to include chapters at more than 150 colleges and universities in 36 states and the District of Columbia. As of August 2015, food recovered and donated has totaled more than 830,000 pounds since September 2011. During the 2014–2015 academic year, chapters rescued 350,000 meals.[6] FRN has also launched a certification program, *Food Recovery Certified*—with partner Sodexo—to increase the number of restaurants,

Breaking a Mindset of Scarcity

Introducing Long-Term Goal Setting and Financial Well-Being into Our Systems

By Emily Campbell, Carrie Finkbiner, and Kate Griffin

Inter-generational poverty is a serious challenge for the ongoing health and well-being of our country, and the entire social service sector is searching for answers. How do we break this cycle of poverty that limits the potential of children and keeps families struggling to financially survive, day to day? Behavioral economics, neuroscience, developmental psychology, and molecular biology together offer an interesting perspective and shed light on new skills our social service workforce needs to address inter-generational poverty. Biologically we are wired to survive. The brain and the body's biological systems adapt to experiences, good or bad. When experiences are safe, reliable, positive, and supportive, the brain responds accordingly and is freed up to use its full capacity. Likewise, when experiences are unsafe or threatening—whether physically or emotionally—the brain responds by focusing its energy and resources on survival.

The brain develops from the bottom up, starting with the most primitive functioning—breathing, heart rate, body temperature—then moving up to more sophisticated parts of the brain that are responsible for executive functioning—controlling impulses, planning, considering options, and adapting to changing circumstances. The experience of stress is an important component of development. A child's developing ability to self-regulate and modulate his or her response to stress becomes a critical component to long-term development, learning, growth, and resiliency.

The foundation for optimal brain development occurs in the child's earliest experiences with primary caregivers. Development occurs through the predictable rhythm of the caregiver response: presence of a stressor, infant is aroused; infant cues caregiver; the attuned, reliable, nurturing caregiver responds; arousal decreases. Through these "serve and return" exchanges a healthy, balanced system is established

which, in turn, frees the infant and its developing brain to start exploring its environment and work on the next set of development tasks. When the child is exposed to intense, overwhelming stress (toxic stress) without the support of a reliable caregiver, the developing brain and stress management system adapts and focuses all its energy on safety and survival. As a result of these biological adaptations, stable, responsive, nurturing caregivers early in life are associated with better physical and mental health, fewer behavioral problems, higher educational achievement, more productive employment, and less involvement with social services into adulthood. Research in the area of behavioral economics offers a similar perspective. In their book

Scarcity: Why Having Too Little Means so Much, Mullainathan and Shafir (2013) discuss the mindset of scarcity, a style of thinking that can perpetuate patterns of thinking and behaving that contribute to people getting stuck in conditions of scarcity such as poverty.

The authors describe how the brain adapts to the experience of scarcity whether the scarcity is money, time, or social connections, which in turn, produces a mindset that, on the one hand, concentrates the mind on urgent needs but, on the other hand, restricts one's perspective, creates anxiety, and limits the ability to think creatively and consider long-term consequences. In short, our ability to make decisions and think differently or use our executive brain functioning—is limited when under conditions of scarcity.

Research tells us that children develop in response to relationships and that throughout their lifetime continue to thrive and grow in relationships. What does this mean about program development and design? If the majority of the families we are trying to engage in a change process have been exposed to high levels of stress, including exposure to traumatic experiences, how do we intervene? How do we break the cycle?

Part of breaking this cycle will involve incorporating another new concept. Earlier this year, the Consumer Financial Protection Bureau published a definition of *financial well-being*, which they developed through comprehensive interviews with Americans across the country of all economic means. The definition encompasses four main points:

- Feeling in control of day-to-day and month-to-month finances
- Having the capacity to absorb a financial shock
- Being on track to meet financial goals
- Having enough financial freedom to make choices that allow the enjoyment of life[2]

What is striking is that this definition isn't about the outputs our human

service work focuses on: the level of income, job placement, parenting classes attended. It's about feeling in control. It's about resiliency. This goes hand in hand with what we've learned about scarcity mindsets and executive functioning—when someone feels in control and they have enough to meet their immediate needs, they can succeed in many aspects of life.

This concept of financial well-being can be integrated into the work of human service agencies if we embrace, what Jack Shonkoff at Harvard's Center on the Developing Child describes, "a new theory of change." "The reason we are not getting a bigger impact, is not because we don't know how to influence development, it is because we are giving advice and information to those who we need to do active skill building with … skill building by coaching, training, and practice. We need to focus on skill building with adults who intervene in kid's lives."[3]

Reframing our work on coaching people to build skills gets to the heart of prevention. By reaching people when they are mentally able to strengthen their executive functioning muscles and build skills—we can break the mindset of scarcity. To do this, we need to focus on creating a hospitable environment that frees up the brain from its scarcity or "threat" mindset. By developing trusting relationships, we can help establish the regulation and safety that form the basis from which to build higher skills. Helping people plan and practice making forward-thinking decisions allows them to set their own meaningful goals—that they are then more likely to pursue.

Emily Campbell
is APHSA's director of Organizational Effectiveness.
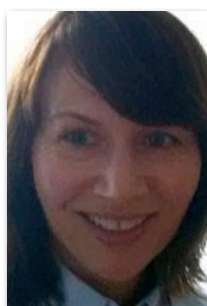
Carrie Finkbiner
is the Clinical Project coordinator for the Wisconsin Alliance for Infant Mental Health.

Kate Griffin
is the vice president of Programs at the Corporation for Enterprise Development.

Moreover, engaging parents, particularly when children are young, will be a critical element. Ensuring that young children build self-control and that they are socialized with positive attitudes toward money are critical early foundations to financial well-being. Researchers emphasize that in early childhood the most important thing to establish is the set of cognitive abilities that underlies skills like impulse control and planning. This "executive functioning" (resisting temptation, sticking with a plan, and trying new approaches when things don't work the first time) are all skills needed as adults when managing finances, and that lead to a sense of "financial well-being" as previously defined.[4] Systems that focus on parents and early childhood are the best places to integrate these practices.

For workers whose day-to-day jobs, right now, may involve solving immediate issues—rarely for the long term—this represents a significant shift. Coaching is a technical and relational skill that workers will need to develop and that will need to be incorporated into curricula. Systems need to allow for the integration of coaching activities through both policy and practice, so that funding for these activities is present, and the culture of expectations for social workers shifts to incorporate goal setting and goal achievement.

We can enhance practice in several ways—by engaging in "reflective practice," and by building skills in adult learning principles, coaching, and motivational interviewing that will contribute to enhanced, future-oriented conversations with caregivers. The profession needs training to increase confidence in financial issues. Training in the Consumer Financial Protection Bureau's "Your Money Your Goals" curriculum is already in place and being adapted by a number of human service agencies, including the Los Angeles County Department of Social Services, the Community Action Partnership, United Way Worldwide, and Catholic Charities USA. Head Start programs across the country

are incorporating more sophisticated ways to enhance the financial skills of parents and Head Start staff and making them an integral part of family goal setting and individualized plans. When financial coaching is introduced it also affects other long-term outcomes. When financial counseling was introduced alongside workforce development programming, there were increases in longer-term outcomes, such as wages and job retention.[5]

How can our systems catch up, particularly those that can help reach parents and children at a young age? On a policy level, the Family Stability and Kinship Care Act of 2015, sponsored by Sen. Wyden (D-OR), represents an emergent opportunity to support families more holistically by providing federal financing for upstream investments in prevention and early intervention programs and targeted services that meet the individual needs of children and families. Currently, funding for upfront, front-end prevention services to address problems that may lead to child abuse and neglect is provided through Title IV-B of the Social Security Act. While this provides reimbursement for a broader array of services, IV-B funding is capped and the amount is limited compared to Title IV-E, which is currently available only to support programs for children in out-of-home care. Allowing the use of IV-E entitlement funds to provide services that keep families together is an excellent starting point for integrating coaching, and other practices, that will deepen family financial well-being, reduce stress for children, and lead to longer term developmental outcomes. This flexibility would also incentivize deeper activities for service integration, which is an efficient and effective way for our entire system to deliver targeted and lasting results.

In another arena, the federal Office of Head Start is already committed to issues of parent and family engagement, and their proposed Performance Standards include significant mention of asset building and financial stability

as a part of Head Start's work. There is also an opportunity with these performance standards to further strengthen the role of front-line staff in shaping future financial well-being by allowing for funding to train Head Start staff in enhanced coaching techniques, including financial coaching, and building financial well-being goals—and goal achievement—into family plans.[6]

On a practice level, Margaret Sherraden, a Washington University professor of Social Work, whose research interests include asset building in low-income households, points to social work as the profession that works most closely with low-income and financially vulnerable groups. The social work profession's Code of Ethics,[7] along with its accreditation standards, offers a unifying framework that amplifies the importance of addressing financial well-being. "The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons."[8]

If this framework is adopted, then working in partnership with families to help them make informed decisions to improve their financial well-being at critical times in their lives becomes a shared task that is the responsibility of everyone who serves families.

Strengthening our engagement methods to build stronger adults, families, and communities is a core component of APHSA's *Pathways* initiative, a member-driven proposal for a more effective and outcome-focused human service system.[9] By focusing on creating a safe and trusting environment to actively skill-build and learn

ICPC COMES OF AGE

NEICE BRINGS THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN INTO THE 21ST CENTURY

Modern technology platforms are essential to transforming health and human services throughout this country. Because of a federal grant to support innovation in interoperability, data exchange, improved business practices, and the National Information Exchange Model (NIEM) standards, a new platform will enable permanency outcomes to be achieved in record numbers and in record time for children moving across states lines.

The American Public Human Services Association (APHSA) and its affiliate, the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), were awarded a cooperative agreement grant for a three-year $3.6 million in May 2015 by the U.S. Department of Health and Human Services (HHS), Administration on Children, Youth, and Families' (ACYF) Children's Bureau (CB) to further develop the National Electronic Interstate Compact Enterprise (NEICE). The NEICE, a pilot project recently finalized and producing stunning results, is a cloud-based, case-processing system that supports the administration of the Interstate Compact on the Placement of Children (ICPC) by translating data into a common language and exchanging both data and documents across state jurisdictions in real time to facilitate the safe placement of children. All 52 jurisdictions within the compact will be able to use the NEICE by mid-2018.

BY MICAL PETERSON
AND ANITA LIGHT

THE NEED FOR A NEW APPROACH

The ICPC governs interstate placements for children to ensure that the placement is safe and appropriate. It is designed to provide a multitude of protections for children and requires that case files, home evaluations, and other information are transferred from one state to the other. The current paper-based process is lengthy and arduous, and as a result, children languish in temporary placements for months even though suitable out-of-state caretakers, such as relatives, might be willing to care for them. These delays are not only bad for children and families, but they waste staff time, foster care maintenance costs, placement resources, and administrative resources that are borne by states, localities, and the federal government.

FROM IDEA TO INNOVATION

The NEICE is a dramatic example of how one state's initiative to improve its own performance evolved into a national body of work designed to transform a process and system. In 2008, under the leadership of then-Compact Administrator
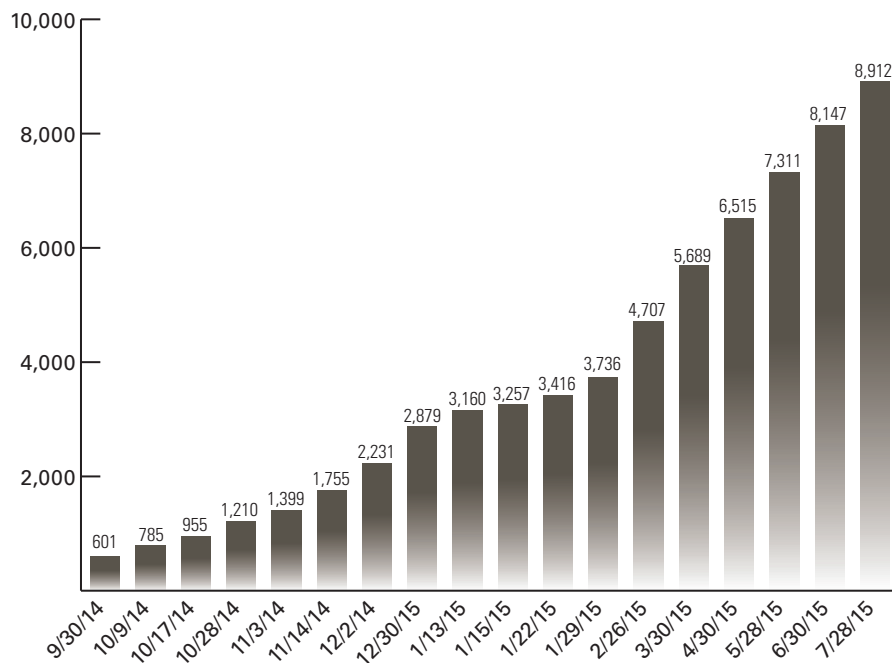
Mical Peterson is the Children's Services program supervisor at the Minnesota Department of Human Services and president of the AAICPC.

Anita Light is the director of the National Collaborative for Integration of Health and Human Services at APHSA.

Home Study Requests Processed by NEICE
(September 2014-July 2015)

Date	Requests
9/30/14	601
10/9/14	785
10/17/14	955
10/28/14	1,210
11/3/14	1,399
11/14/14	1,755
12/2/14	2,231
12/30/15	2,879
1/13/15	3,160
1/15/15	3,257
1/22/15	3,416
1/29/15	3,736
2/26/15	4,707
3/30/15	5,689
4/30/15	6,515
5/28/15	7,311
6/30/15	8,147
7/28/15	8,912

and AAICPC President Stephen Pennypacker, Florida developed, implemented, and evaluated the technology to transfer electronic records for ICPC within their state. Seeing the benefits, AAICPC explored ways to implement this type of system nationwide. When the federal Office of Management and Budget (OMB) made innovation grants available in 2010 to develop efficient and cost-effective programs capable of achieving outcomes, APHSA and AAICPC applied, and were awarded, funding in October 2013 to modify the Florida Interstate Compact System (ICS) for national application. The CB at ACYF administered the grant through a cooperative agreement.

In a voice from the field, Raquel Garcia, Florida's ICPC coordinator, noted in 2004 that the ICPC caused distress, anger, and much frustration with caseworkers, the dependency legal system, as well as families and children in need of protection. Garcia said, "I will be honest! I was skeptical … this way was a positive challenge, embraced by few … we stumbled many times … but it was clear to see we were making progress … now, we are running and other states are training so they can run with us and together what a positive change we can make in the lives of so many families. … I

am proud to be part of the process … to participate as a tester …to see it happen nationally gives me goose bumps every time I think about it."

TEAMING TO GET IT RIGHT

The NEICE Project Management Team moved quickly to select *Tetrus Corporation* to build the system. *Tetrus* brought experience with the juvenile justice data exchange system and knowledge of how to utilize NIEM standards in the development of an interoperable system. The result is a comprehensive system that meets today's needs and has the capacity to meet tomorrow's challenges.

The selection of the six pilot states proved to be a winning combination. With support from their child welfare leadership, each pilot location—Florida, Indiana, Nevada, South Carolina, Washington, D.C., and Wisconsin— established a team of technology, ICPC, and child welfare field staff. With extensive knowledge of how the ICPC works and the ability to guide the technical development of the NEICE, these pilot teams provided guidance on business rules, operations, user testing, and staff training. They are bringing their experience with them to the NEICE expansion by

serving as mentors for their colleagues joining NEICE.

In addition, evaluators from WRMA provided guidance on how to capture evidence to demonstrate the value of the NEICE. They conducted a short-term, customized analysis of the pilot to ensure that the data gathered provided a credible assessment of the quality, cost, and efficiency of services delivered.

An advisory committee of experts from public and private child welfare agencies and related fields—judges, lawyers, child advocates—also provided oversight and made recommendations that ensured the system met a broad spectrum of needs.

MAKING THE BUSINESS CASE WITH RESULTS

Working closely together, the NEICE Project Management Team and the States' Team overcame technical hurdles to ensure secure, cross-domain, information-sharing across local and state jurisdictions. The electronic system speeds up the required legal process, greatly reducing delays in the exchange of case materials, and enabling quicker placement decisions. Children may now be placed safely in families in other states in a matter of days, an unprecedented occurrence for the ICPC. In cases of private adoptions, requests and approvals for placements have been processed in as little as an hour. As of July 28, 2015, 7,805 children were entered into the NEICE system (with just six states entering cases) representing requests for 8,912 home studies. Decisions have been returned for more than 64 percent of those children (see chart on previous page).

A robust evaluation shows that the NEICE pilot achieves more than it set out to accomplish. The system not only proficiently exchanges information, it also tracks uniform interstate data to provide: (1) a comparison of the state's cost savings for postal charges and other paper-based expenses pre- and post-pilot; (2) evidence-based information about best practices when placing children interstate; and (3) ways to increase organizational efficiencies that can drive decision-making.

Final results from the Pilot demonstrate that due to the NEICE, states were able to realize the following:

» A decrease from 24 days to 13 days in the time the sending state identifies the ICPC case, prepares the 100-A packet, and sends it to receiving state, and a decrease of 11 days to 6 days for priority placements for the same process;

» A decrease from 57 days to 42 days from the time a receiving state receives the 100-A packet, completes the home study, and makes a placement decision, and a decrease from 44 days to 23 days for priority placements for the same process; and

» An overall decrease in total time to placement from 106 days to 74 days, and for priority placements a decrease from 73 days to 45 days.

Some data experts suggest that NEICE could one day be applied to help with information exchanges with additional social service programs, including human trafficking, homelessness, access to health care, juvenile justice, and youth in transition.

Additionally, the evaluation found that with approximately 65,000 children in an ICPC placement each year, and at an average cost of $25.26 per case, the approximate savings for copying and mailing costs are more than $1,600,000.

When fully implemented, NEICE may also save states significant resources in administrative costs and staff time.

THE INTEROPERABILITY POTENTIAL OF NEICE

By utilizing NIEM standards, NEICE has laid the groundwork for linking child welfare information systems across states. An Information Exchange Package Document (IEPD) has been created to translate data from child welfare systems into a standardized

format. This allows for the transfer of ICPC case data and documents between states.

"Not only does NEICE seem to shorten the time that children wait for placement, and save states potentially hundreds of thousands of dollars in staff time and mailing costs, the innovative use of NIEM standards in the NEICE lays the groundwork for improving interoperability among a wide range of state data systems," said Joo Yeun Chang, CB associate commissioner at ACYF.

The new grant will support NEICE in creating linkages to child abuse registries as well as health information exchanges with states retaining ownership of their data and documents and the control of how information is shared with these systems. On a day-to-day basis, only authorized entities working on a case have access to its information. Some data experts suggest that NEICE could one day be applied to help with information exchanges with additional social service programs, including human trafficking, homelessness, access to health care, juvenile justice, and youth in transition.

Learn more about NEICE and NIEM by viewing this two-minute informational video at *https://www.youtube.com/watch?v=UdCm-Gk4N1s*.

OPPORTUNITY TO EXPAND NATIONWIDE

As the process begins to bring on the additional 46 jurisdictions to the NEICE, adapting each state's own technology platform to enable connection to the NEICE will be the challenge ahead. Technical specifications, security protocols, and technical support for states' IT staff have been developed to assist in the modification of the state's system to accommodate the NEICE. States can also consider seeking reimbursement for development and implementation costs through IV-E funding for Statewide Automated Child Welfare Information System improvements as well as the A-87 Cost Allocation Waiver for some components needed for the NEICE.

For more information on the NEICE, please contact Anita Light at *alight@aphsa.org* or Marci Roth at *mroth@aphsa.org*. ▣

technology speaks

By Erin Dalton

Harnessing Technology to Improve Human Service Delivery and the Client Experience

In the past, when a human service provider agency offered services to a person involved with the Allegheny County (PA) Department of Human Services (DHS), that contracted provider had limited access to the client's information. The provider knew only what the client chose to share and had no easy way of identifying past or current service involvement. As a result, clients did not always receive the thoroughly integrated care for which DHS strives.

And so DHS, with support from provider agencies and input from information technology experts, legal counsel, and program staff, developed Client View, an application that builds on the strength of the county's data warehouse to give providers user-friendly access to vital client service data.

Previously, only staff within DHS were able to view these records, which they accessed through an application called DataVue. Using DataVue, approved DHS staff were able to see information compiled from all data sources about individual clients' demographics, past service involvement, and current services being received, allowing them a full-picture view of a client's situation. Such information was useful across DHS offices; for example, intake call center staff could see whether a caller had prior contact with DHS or its providers and child welfare staff could become familiar with a family prior to going on a home visit.

This integrated, client-level information was not available to the approximately 385 service providers with whom DHS contracts, however,

nor was it accessible to the clients themselves. And that's where Client View fills a gap.

Providing the Best Possible Services to Clients

Knowing a client's service history allows providers to offer the appropriate level and type of care, without duplicating or conflicting with services that the client might already be receiving from another agency. Adrienne Walnoha, executive director of Community Human Services, Inc. (CHS), a DHS-contracted agency that provides a range of

community programs in areas such as homeless assistance and mental health treatment, said "if we know what [challenges people] have, we have a better handle on what they need and how they could get it." She gives an example of a family coming to her organization for help while DHS is assisting the family with housing needs. With the information provided by Client View, staff at CHS would know about the services already being provided so that CHS, DHS, and other involved agencies could approach the family's challenges collaboratively. "[DHS] resources are maximized, ours

are maximized, and the family gets their needs met," Walnoha said.

Sometimes the challenge is not one of service overlap, but of gathering information from clients. Before the rollout of Client View, providers relied on their clients to give them information about past and present DHS involvement, often receiving incomplete reports, sometimes as the result of clients not wishing to discuss sensitive past experiences.

"We re-traumatize people by making them tell and re-tell how they came to be in crisis," said Walnoha. More information means better knowledge for providers and less stressful experiences for clients, resulting in a service plan that better meets the client's needs.

A Legacy of Technological Innovation

Innovation through technology is not new to DHS. The formation and development over the past 16 years of a data warehouse, one of the first of its kind for such an organization, was the result of DHS's firm belief in the importance of both integrating services for its clients and using data to drive decision-making. Currently, the data warehouse houses more than 1.2 billion records for more than one million distinct clients. Twenty-nine data sources (including child welfare, behavioral health, aging, public benefits, housing, criminal justice and school districts) feed into the data warehouse. By allowing for combined data analysis, predictive analytics, data sharing, and a range of data-driven planning and policy opportunities, the data warehouse has enabled DHS to accelerate internal and external integration and improve service delivery across program areas and systems.

Formed in 1997 by combining five previously disparate program offices into one department serving about 20 percent of Allegheny County's residents, DHS had long recognized the need for service integration when it comes to serving clients with overlapping needs. A recent analysis showed that a large percentage of DHS clients are served by two or more program offices. Improving service coordination

through integrating and sharing data results in easier access to services, better-informed care plans, and lower costs as a result of reducing service duplication.

"With Client View, providers are our equal partners in using data for decision-making and quality improvement," said Marc Cherna, DHS director. "This is a perfect example of the impact of DHS's integration efforts."

Client View Becomes a Reality

The Client View development process was jumpstarted by a grant from the Richard King Mellon Foundation. Through focus groups, site visits, and end-user prototyping sessions, feedback was sought from providers and DHS staff regarding how the portal would be used and what features would make it most functional. The design team, which included user-experience experts from Deloitte Consulting, tackled the technological challenges of making data available in a secure, intuitive, and user-friendly format. The team followed a mobile-first design philosophy as they confronted the obstacles of making the portal easily accessible for smartphone and tablet use in the field and compiling information from several independent sources into a single intuitive view. The portal was built on top of a responsive web framework using the following platforms: ASP.NET MVC5, HTML5, jQuery and bootstrap—or, as Ian Mavero, Deloitte Consulting manager, puts it for the less technology-savvy, "Client View uses some of the latest technologies in the market today, whether public or private sector."

Through the portal, providers are able to search for clients using standard search criteria (name, approximate age) as well as more uncommon search criteria, such as address, which can be used to find clients associated with a specific location. Once granted access to a client's records, the provider can access basic demographic information, service coordination and services-rendered activity, child welfare and juvenile probation out-of-home

placement information, service plans, and assessments.

As a result of the input from providers and other users, a number of highly valuable features were included in the portal's design. First, users will be able to see a list of all of the service professionals involved with a client, allowing easier communication between programs. Second, by hovering over the "Program Areas" field on the search results screen, users can quickly see all program areas associated with a client (e.g., "Child Welfare and Mental Health"). Third, the client's service involvement screen, which provides a holistic view of services provided to the client, can be easily filtered and searched so that the information shown on the screen is limited to only what is needed, whether it be type of service, specific date range, or provider. Finally, the portal allows documents to be shared; client-related documents such as service plans and assessments, which were not readily accessible to providers, can now be easily viewed and downloaded.

In DHS's ongoing efforts to realize the vision of integrated service delivery, Client View was built in a way that allows seamless integration with the numerous systems used by various DHS program offices. Now, a user working on a client's record in a program-specific system can simply click a link to display that client's Client View information in a separate pop-up screen. Security and access validation occurs automatically behind the scenes, ultimately saving the user the time that would have been required to separately login to Client View and conduct a client search.

Upholding Clients' Privacy Rights

Careful consideration was given to legal and privacy concerns. Any client may be marked as "confidential" by a portal administrator, with the option for privacy from DHS and or providers. Built into the functionality of the application is a streamlined administrator's view, available only to select DHS staff, which allows oversight of the searches

legal notes

By Daniel Pollack

Mediating Lawsuits Against Human Service Agencies

A top-notch litigator provides an invaluable service by skillfully arguing contested issues in court. But the vast majority of lawsuits against human service agencies do not go to trial. They are settled, many times through mediation.

A mediation is a meeting, typically at the mediator's office or the office of one of the attorneys, where the mediator assists the parties to resolve their differences so the lawsuit can be settled without going to trial. A mediation is not the same as a hearing or an arbitration. The mediator is an impartial negotiator who has no authority to decide the merits of the case. Instead, the mediator identifies aspects of the case that lend themselves to compromise and helps the parties reach a voluntary resolution. Neither party is coerced or forced to settle the case. If a voluntary settlement cannot be reached, the mediation concludes and the lawsuit continues. And, as the expression goes, "What happens in Vegas stays in Vegas." Discussions with the mediator are strictly confidential.

The principal benefit of mediation is that it is a quicker, less expensive way to resolve a lawsuit than going to trial. Ironically, settlement at mediation often results in a higher *net* settlement to the plaintiff, even if a trial verdict would result in a higher gross recovery.

Unlike a lawsuit that goes to trial, the parties themselves decide how to compromise rather than having a judge or jury impose a decision. For this reason, mediation is a process that often leads to favorable and amicable outcomes for all parties involved. In fact, mediation has proved so useful that many jurisdictions require mediation prior to trial.

Mediation is often a preferred alternative in instances when the participants' relationship with one another is important and likely to continue (e.g., when a state department of human services and a foster care placement agency are opposing parties or are co-defendants). It can be particularly effective after the discovery process has been substantially completed. At this stage, the parties generally have an understanding of the potential strengths and weaknesses of their case and their opponent's case.

Who makes a good mediator for human service lawsuits? According to New York attorney Carolyn Kubitschek, "The best mediators know the governing law and command the respect of the parties. They learn the case by asking each side to explain the issues of the case from their own perspective and by asking probing questions until they're sure they know all the undisputed facts and the disputed facts. Then they take a very active role, pointing out the weaknesses in each side's case and, if necessary, suggesting a dollar amount they think would be a reasonable settlement. Unlike commercial cases or employment cases, cases against human service agencies are often difficult to settle because the damages are not easily quantifiable. Plaintiffs and defendants often have widely divergent views on how much constitutes a reasonable settlement. A mediator who is respected by both sides can break through that logjam."

A good human service mediator must be able to grasp concepts that involve complex and nuanced law, regulations, and standards of care. Mediating a human service lawsuit is not the time for on-the-job training. Human service law is a highly specialized field so the mediator should have specialized experience at the outset. Notes Arizona attorney Gary Popham, Jr., "Understanding the politics and policy at play, in addition

Photograph via Shutterstock

> *"Good mediators understand that their success rate is determined by the cases that are settled, and that their reputation of being instrumental in settling cases of a particular type is gained by having a progressive understanding of the subject matter involved. Good mediators also know this leads to repeat business."*

—ATTORNEY GARY POPHAM, JR.

to the facts and circumstances giving rise to the lawsuit, equips mediators with tools that best enable the possibility to successfully achieve settlement. Furthermore, good mediators understand that their success rate is determined by the cases that are settled, and that their reputation of being instrumental in settling cases of a particular type is gained by having a progressive understanding of the subject matter involved. Good mediators also know this leads to repeat business."

Settlement is often a matter of timing. Make sure to have all the major stakeholders at the mediation. That way everyone will appreciate the reasoning, complexity, and multi-dimensionality of the final agreement and absent stakeholders cannot blame others if the agreement proves dissatisfying. Mediation is not just a matter of timing, it also takes time. Impatience will torpedo the process. An attorney who emotionally announces, "We'll see you in court" may doom a unique settlement opportunity. Conversely, a patient party engaged in mediation where the other side appears impatient but, in actuality, desires a settlement, is likely to move closer to the position of the patient party in order to reach an agreement to settle.

In like manner, mediation is not the time for grandstanding. The parties should refrain from spending precious time negotiating dollar figures that are obviously out of bounds. Such behavior fritters away precious time and goodwill. The party that courageously steps forward with the first reasonable offer may ironically gain a bargaining advantage in the long run.

We all do what we perceive to be in our best interest. And so, conflict is normal; but it need not be catastrophic. A skilled mediator can guide parties to a vision of settlement that is more attractive than the uncertainty of going to trial. By doing so, the mediator, and the attorneys, can deliver the result every client seeks—a favorable, cost-effective resolution.

Daniel Pollack is a professor at the School of Social Work, Yeshiva University in New York City. He can reached at dpollack@yu.edu, (212) 960-0836.

HRSA's HIV/AIDS Bureau
Efforts and Challenges in Addressing Social Determinants of Health

Laura Cheever, M.D., is the associate administrator for the HIV/AIDS Bureau within the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). While the bureau has a specific task of administering the Ryan White HIV/AIDS Program (RWHAP) to provide HIV care and treatment services, Cheever realizes the importance of providing and collaborating with other services in order to holistically address the epidemic, especially as the majority of people living with HIV/AIDS today are racial or ethnic minorities and are living at below 200 percent of the federal poverty level. The HIV/AIDS Bureau provides an example of a federal agency working to improve the nation's health by combining basic medical care with mental health, housing, food, and transportation services to better serve a medically vulnerable population.

Laura Milstein, APHSA's Health and Human Services Policy intern, interviewed Cheever for *Policy & Practice* about the bureau's goals, challenges, and future.

Laura Milstein: How would you define the goals of the HIV/AIDS bureau?

Laura Cheever: The HIV/AIDS bureau administers two programs. We administer the Ryan White HIV/AIDS program, which is a $2.3 billion federal investment for domestic HIV care for people that do not have resources to get that care on their own; it is really a payer of last resort. It fills in the gaps after people use their insurance or Medicaid to pay for key services as well as providing services for the uninsured. The bureau also administers part of the President's Emergency Plan for AIDS Relief (PEPFAR) program. Our vision is optimal HIV/AIDS care and treatment for all, and our mission is to provide both resources and leadership. We provide resources to grantees for HIV care and treatment services, but we also provide leadership, technical assistance, and support for HIV care policy in the country.

LM: Where has the office made or has the potential to make the biggest impact?

LC: The Ryan White Program has made a huge impact—we have data that show that we provide HIV care to more than half a million people, which is more than 50 percent of the people diagnosed with HIV in this country. In the last couple of years, we have also been able to show that the care we provide is actually of higher quality than the overall HIV care in the United States. One way to measure is to use viral load as an outcome. When a patient with HIV is treated successfully, the amount of virus in the blood is below the level of detection, which is also called virally suppressed. People living with HIV are still infected, but the virus is completely suppressed, which results in fewer fatalities and lower rates of

Photograph via Veer

transmission. In the RWHAP, we have a higher viral load suppression rate than the overall rate in the country. It is a huge accomplishment; if the virus can be suppressed, people go on to live much healthier lives.

The issue is that nationally, only about 30 percent of people have their viral load suppressed, because people have never been diagnosed, never connected to a quality HIV provider, or connected but were lost in follow-up. People have interruptions in care for all sorts of reasons—for instance, they lose their housing and their life becomes chaotic. However, when people are seen through the RWHAP, they have improved outcomes. We need to do a better job of working across systems to leverage the success of the RWHAP to impact all people living with HIV in this country. Overall, I am proud of what we have been able to accomplish.

LM: One of APHSA's major goals is focused on integrating human services and health with a great deal of discussion about social determinants of health. Can you talk about any programs that specifically work to address these issues?

LC: One of the reasons I work for the Ryan White Program is because it funds medical services as well as support services for people; up to 25 percent of our funding can be spent on support services. States and cities can spend more than 25 percent of their program funds on support services if they apply for a waiver and can demonstrate that the "core services" of the RWHAP—things like medical care, substance abuse treatment, and case management—are all available to everyone. They then can spend more on the other support services, like housing and transportation. HRSA does not have authority to fund permanent housing, but we do fund temporary housing assistance. About 17 percent of our clients are unstably housed. In order to bridge gaps in housing services, we coordinate closely with HOPWA (Housing Opportunities for People with AIDS), which is the HUD (U.S. Department of Housing and Urban Development) program for people with HIV. We

are doing a special project this year with HOPWA to better link our data, so we can combine what they collect and what we collect at the individual provider level and examine outcomes as grantees test different interventions. Additionally, we provide food bank services and other types of support services, so part of our program is definitely geared toward those other services people need in order to be engaged in care. It goes back to Maslow's hierarchy of needs, it is completely true—he proposed it in the 1940s, and it is true today.

Because we fund a variety of services, Ryan White sites very early on became medical homes. Clients go to see their doctor, but they can also potentially see their substance abuse counselor, their mental health provider, all in the same location. They can interact with a case manager and be linked to food services and housing services, all from that one medical visit.

Poverty is a huge driver of disease in this country. We are not going to be able to address all the challenges of poverty with the Ryan White Program, but we can really help people obtain good medical outcomes because we can link them to the services that they need to remain engaged in care.

LM: What is most challenging about HRSA's work?

LC: Well, I will tell you a couple of things that are good, first. One of the great things about working here in this program is that almost everyone who works within the HIV/AIDS Bureau is dedicated to combating HIV/AIDS. Most people do not end up here by accident—we work too hard and the work is too important. And the people in the field are so passionate; while we provide guidance, funding, and help build systems, it is the people in the field that do front-line work, and they are all working really hard and long hours. That is what makes working here exciting, and that is what drives me to come to work every day.

The hardest part about working here is that the problems we are dealing with are so large. As I said, in order to tackle AIDS in this country, we need to be able to tackle poverty, tackle

housing. In our program, people can spend some of their funding on housing but cannot fill all the unmet need. And how do we deal with the significant problems that exist in poor, urban inner cities? I work in Baltimore, I still see patients one day a week, and the depth of the challenges that my patients face daily are staggering. We can do a lot with the federal program, but I always want to do more than we can, and that is always tough. But at the same time it is very inspiring—how can we work differently with Medicaid, or work differently around substance abuse issues with SAMHSA? So it is a great challenge.

LM: How do you see the role of the government in health and human services changing in the future?

LC: We have the Affordable Care Act. In working through the integration of the RWHAP with the Affordable Care Act, we have begun to think much more carefully about how the public health infrastructure aligns with medical care system. In the distant past, health departments were invested in actually delivering medical services. That has changed in many jurisdictions. But now with the ACA's focus on preventive services, we think more about a system of care. With Ryan White, we help fund a system of care that is much more than just discrete medical services funded by insurance. And now that the ACA has been implemented, the department is looking closely at delivery system reform, and Secretary Sylvia Burwell has made that a priority. We are looking at systems of care and linking data to make sure that we can measure and improve quality in a way that we have not in the past.

I think that is going to continue to evolve in the next five or 10 years and lead to significant improvements in health at the population level and in the value of the care we provide. We are already seeing some significant improvements within the RWHAP, and that is exciting. Those are the things that keep me here; we are now thinking more broadly and from a more public health perspective. ◼

Putting United States Veterans First
County of Los Angeles Veteran Internship Program Gives Vets an Opportunity to Compete for Full-Time Employment

The Veteran Internship Program (VIP) was initially launched by the Los Angeles County Department of Human Resources on May 16, 2007 to provide paid internships to qualified veterans of the U.S. Armed Forces (USAF). This program offers veterans practical job assignments that provide training and on-the-job experience needed to compete for open positions within county departments.

Since implementing the VIP at the Department of Public Social Services (DPSS) in July 2013, the department has led the way with a total of 120 veterans that have participated in the program. Serving in clerical support and eligibility worker positions at various DPSS offices, 29 veterans were promoted to permanent positions both within DPSS and outside the department.

Other than being a veteran, no experience is required. However, applicants must have been discharged from the USAF under honorable conditions and possess either a valid DD-214 Certificate of Discharge, Separation from Active Duty, or other official documents issued by their military branch of service.

In addition to the VIP, DPSS offers a veterans and U.S. military resources web page at *http://www.ladpss.org/dpss/veterans/default.cfm*, which connects military veterans and their families with needed services.

"DPSS has provided us with an opportunity to enter the incredibly competitive public workforce on good terms with great benefits," said Army veteran Joshua Parker, who is assigned to the DPSS Accounts Receivable Section.

Former Air Force veteran Jose Portillo, also assigned to the DPSS Accounts Receivable Section, agreed. "I can see that DPSS is really committed to the success of the veterans because leaders from different levels show up to express their support." Portillo said.

Former Marine Corps veteran Alejandro Garcia, assigned to the DPSS Human Resource Division, is thrilled that he is able to benefit from his time served in the U.S. military.

James Bolden is a public information officer at the County of Los Angeles Department of Public Social Services.

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2015 PROFESSIONAL DEVELOPMENT CONFERENCE
ASCENT TO EXCELLENCE
Enhancing Performance at any Altitude

OCTOBER 4-7, 2015
Sheraton Denver Downtown
Denver, CO

APHSA

National Staff Development and Training Association Annual Conference

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AAPWA American Association of Public Welfare Attorneys

48th Annual
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Renaissance Seattle Hotel
Seattle, WA

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partnering for impact

By Kevin A. Lynch

New Employment Opportunities for People Who are Blind Create Win-Win Partnerships

Seventy percent of working age Americans who are blind are not employed. Because of the shortage of suitable employment opportunities, people who are blind are often unable to reach their full potential—many rely on public benefit programs such as supplemental security disability income (SSDI) to provide for themselves and their families. National Industries for the Blind (NIB), the nation's largest employment resource for people who are blind, is part of a federal government initiative known as the AbilityOne® Program. The program was established in 1938 to create jobs for people who are blind through the manufacture of goods ranging from the ubiquitous SKILCRAFT® U.S. government pen to uniforms, bedding, and food products for the armed forces.

With advances in assistive technology, NIB was working to diversify career options for highly educated people who are blind in professional service positions. Meanwhile, as the U.S. Department of Defense (DOD) focused on awarding contracts to support critical warfighting missions, it discovered it needed support to close out those contracts once completed. In 2008, the federal government spent more than $500 billion on contracts for various goods and services—the U.S. Department of the Army alone had in excess of 500,000 contracts

that needed to be closed after work had been completed. Recognizing an opportunity to create upwardly mobile, career-oriented positions for people who are blind, NIB took the lead role in developing the AbilityOne Contract Management Support (CMS) services program to meet this growing requirement.

In 2009, a team of experts from NIB, the U.S. Army, and the AbilityOne Commission worked together to develop a statement of work, and the Army agreed to conduct a nine-month pilot program to determine feasibility.

NIB partnered with DOD's Defense Acquisition University (DAU) to provide online training for qualified candidates in the core courses required to establish a foundation for contract management. Trainees were required to be legally blind, have a four-year college degree or related experience, possess good computer skills, be highly proficient in using adaptive technology, and be able to obtain a security clearance.

The pilot program not only showed that people who are blind could carry out the work, but that they could do an

outstanding job—both productivity and quality exceeded expectations. In addition, the pilot program paid for itself in recovered de-obligated funds. In June 2010, the Army added CMS closeout services to the Procurement List (a list of all supplies and services required to be purchased from AbilityOne–participating nonprofit agencies under federal acquisition regulations) and signed an indefinite delivery/indefinite quantity (IDIQ) contract with NIB as the prime contractor and manager of the AbilityOne CMS Program.

AbilityOne CMS contract closeout specialists and contract clerks provide administrative services that are not inherently governmental functions. They review open federal contracts, verify government receipt and acceptance, identify any funds that should be de-obligated, and scan and index contract documents. At the end of these processes, they deliver "ready-to-close" contracts back to federal agencies. By focusing on these post-award actions, CMS specialists provide critical support to government contracting offices and free up time for federal government employees to focus on critical, inherently governmental

> *The pilot program not only showed that people who are blind could carry out the work, but that they could do an outstanding job—both productivity and quality exceeded expectations.*

contracting functions. To date, CMS contract closeout specialists have processed and delivered for sign-off more than 238,000 contracts and identified nearly $840 million in de-obligated funds that could have been processed through the procurement system.

Eight NIB associated nonprofit agencies across the country participate in the AbilityOne CMS Program, operating either in a secure facility at the agency's location, or on-site at the customer's location. The CMS program employs 126 people, including 83 people who are blind in direct labor positions, and 20 service-disabled veterans. In addition, 32 employees

who are blind have been hired for career-track positions with the federal government, defense contractors and other public- and private-sector employers.

The CMS Program enables people who are blind to build meaningful careers and support themselves and their families. The positions are professional-level jobs with good pay and benefits—wages are typically $17-$21 per hour—and the potential for career growth. In addition, CMS specialists gain financial security that allows them to lessen or eliminate their dependence on public benefits such as SSDI.

Jude Lucien is one such participant. Lucien joined the program in 2011 and advanced every year, eventually becoming a contract closeout supervisor at the Defense Logistics Agency in Cumberland, PA. He recently left the program for a contract specialist position with the U.S. Army, where he is on track to become a GS-9. "I have seen participants get off disability, become homeowners and start families," Lucien says. "The program works." **P.**

Kevin A. Lynch is president and chief executive officer of National Industries for the Blind.

3. Better define what they want to improve and tools to help move it forward; and
4. Sustain improvements and innovations to achieve set goals in ways that last.

This new tool will play a major role in our recently launched deputy program designed to better support agency activities at various senior levels. Over time, we intend to use this dashboard as a means to collect and organize what our member agencies are doing to be effective, including sharing contact information so members can benefit from one another's experience. We also intend to survey agency leaders about how they see themselves performing in these areas so we can aggregate their input into benchmarks for their consideration.

To maximize peer contributions to the repository at the deputy level, we will employ a number of strategies that were developed from member feedback through a series of focus groups:

1. Requests for topic-specific information to meet a need of a member (referred to as "call-outs")
2. E-Clipping scans on targeted topics that elicit a story from a given agency;
3. Content contributions for facilitated calls and learning circles;
4. Listserves to call-out generated content;
5. Affiliate and other conference-driven requests for presentations and other forms of content.

Over time we also intend to offer peer-to-peer learning activities that are shaped by the most pressing needs that leaders and executive teams have within these areas. Based on input from the same focus groups mentioned above, we will be testing and refining this set of learning activities:

1. Use of a listserve for ongoing call-outs and responses to a given participants' needs;
2. A voluntary, periodic benchmarking exercise where participants will be able to compare themselves;

3. Frequent, topic-specific, and facilitated calls where five to seven deputies will gather to discuss a given topic;
4. Learning circles scheduled concurrently with the Policy Forum and, perhaps, other APHSA conferences;
5. Podcasts of the calls and learning circles that will be posted and otherwise shared with the full group.

As we continue to make improvements to our benefits and services, we are encouraged that this initiative will help to drive transformation and innovation in the health and human service field by helping those most directly responsible for driving their implementation throughout the system.

We plan to officially launch these initiatives in the late fall and members will receive a more formal announcement at that time. If you would like additional information before then, please contact Jessica Hall *(jhall@aphsa.org)*. ⊡

Tracy Wareing Evans

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with families, set plans for the future, and follow through with implementing steps, it becomes possible to break the cycle of inter-generational poverty. A culture of well-being supported by policy, and standardized in practice, can bind fragmented services, embed the development of executive functioning skills, and ultimately create systems of care that respond more fluidly and with precision to what families need. ⊡

Reference Notes

1. Basso, P., Gruendel, J., Key, K., MacBlane, J., & Reynolds, J. "Building the Consumer Voice: How Executive Functioning, Resilience and Leadership Capacity are Leading the Way." *Policy and Practice,* April 2015, pp. 12–15, 34–35.
2. Consumer Financial Protection Bureau. "Financial Well-being: The Goal of Financial Education." (Washington, DC, January 2015). Available at *http://files.consumerfinance.gov/f/201501_cfpb_report_financial-well-being.pdf*
3. Center on the Developing Child at Harvard University. (2013, May 13). *"Building Adult Capabilities to Improve Child Outcomes: A Theory of Change."* Retrieved July 30, 2015 from *https://www.youtube.com/watch?v=urU-a_FsS5Y*
4. Drever, A., Odders-White, E., Kalilsh, C.W., Else-Quest, N.M., Hoagland, E.M., & Nelms, E.N.. "Foundations of Financial Well-Being: Insights into the Role of Executive Function, Financial Socialization, and Experience-Based Learning in Childhood and Youth." *Journal of Consumer Affairs* 49:1, pp. 13–38, Spring 2015
5. Griffin, K., Greer, J., and Atkinson, A. "A Job Alone Is Not Enough." *Policy and Practice,* June 2015.
6. More strategies specific to Head Start agencies are in this tip sheet: "Family Service Workers and Financial Empowerment: Steps and Resources," available at *http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/btt/docs/c4-family-service-workers-financial-empowerment.pdf*
7. From electronic correspondence with Margaret Sherraden on July 29, 2015. National Association of Social Workers (approved 1996, revised 1999). Code of Ethics for Social Workers. Washington, DC: NASW. *http://www.socialworkers.org/pubs/code/default.asp*
8. From electronic correspondence with Margaret Sherraden on July 29, 2015. Council on Social Work Education (approved 2008, revised 2010, 2012) available at *http://www.cswe.org/File.aspx?id=41861*
9. *http://www.aphsa.org/content/APHSA/en/pathways.html*

grocery stores, and food businesses committed to recovering food.

Still, Simon has ambitions of taking food recovery beyond college campuses. Two thousand eight hundred miles away in Oakland, Calif., Simon, along with cofounders Ben Chesler, founder of Brown University's FRN chapter, and Ron Clark, from the California Association of Food Banks, have created *Imperfect*. *Imperfect*, founded in 2014, is the first U.S. consumer brand for produce deemed "ugly," and therefore, unsellable. Simon has found that what is considered ugly varies amongst nations—misshapen food that never makes it to U.S. markets or dining tables is often acceptable elsewhere. Simon also notes that the aesthetic standards placed on food are often socially constructed; as a result about 20 percent of U.S. produce doesn't leave the farm. These standards have little to no bearing on taste or quality, but there are misconceptions that produce that does not fit aesthetic standards may be "unnatural" or suffers from defects.

Imperfect is aiming to be a community institution and they are hoping to become Supplemental Nutrition Assistance Program (SNAP)–eligible in the future. Currently, consumers can sign up for the delivery of a 10–15 pound or 17–20 pound produce box that is priced at 30 percent less than market value. Residents of low-income areas and food deserts can also sign up for an additionally reduced price.

Imperfect is not alone in its efforts, similar ugly produce campaigns exist globally. In 2014, *Intermarché*—France's third largest grocery chain—launched "Inglorious Fruits and Vegetables." Portugal has "Fruta Feia," Australia's Woolworths has "The Odd Bunch," and Canada's Loblaws has "Naturally Imperfect."

"Everyone should have the right to live a healthy life, and this begins with empowerment," said Zac Chapman, executive director of Colorado Springs Food Rescue—an affiliate of Boulder, Colorado's Food Rescue Alliance.

Chapman said that food recovery programs, community-driven initiatives, and ugly produce campaigns are paving a path by empowering consumers through education and activism. Similarly, Zavalij encourages interested community members to find volunteer opportunities by supporting a local food recovery organization or chapter; and to educate others about food waste "to change the norm to be food recovery, not food waste." ⬛

Reference Notes
1. Gustavsson, J.; Cederberg, C.; Sonesson, U.; van Otterdijk, R.; and Meybeck, A. "Global Food Losses and Food Waste: Extent, Causes and Prevention," v. Swedish Institute for Food and Biotechnology; Food and Agriculture Organization of the United Nations. 2011. *http://www.fao.org/docrep/014/mb060e/ mb060e00.pdf.*
2. Buzby, J.C.; Wells, H.F.; and Hyman, J. "The Estimated Amount, Value, and Calories Postharvest Food Losses at the Retail and Consumer Levels in the United States—Report Summary." U.S. Department of Agriculture Economic Research Service. February 2014. *http:// www.ers.usda.gov/media/1282292/ eib121_summary.pdf*
3. Food Access Research Atlas. U.S. Department of Agriculture Economic Research Service. *http://www.ers.usda. gov/data/fooddesert.*
4. Food Deserts. United States Department of Agriculture Agricultural Marketing Services. *http://apps.ams.usda.gov/ fooddeserts/fooddeserts.aspx*
5. "Map the Meal Gap 2015: Highlights of Findings for Overall and Child Food Insecurity—A Report on County and Congressional District Level Food Insecurity and County Food Cost in the United States in 2013," 31. Feeding America. *http://www.feedingamerica.org/ hunger-in-america/our-research/map-the- meal-gap/2013/map-the-meal-gap-2013- exec-summ.pdf*
6. "Annual Report 2014–2015." Food Recovery Network.
7. Food Recovery Network. *http://www. foodrecoverynetwork.org*
8. Food Recovery Certified. *http://www. foodrecoverycertified.org*
9. Imperfect Produce. *http://imperfectfoods. deliverybizpro.com*
10. Colorado Springs Food Rescue. *http://www.coloradospringsfoodrescue.org*
11. Boulder Food Rescue—Food Rescue Alliance. *http://www.boulderfoodrescue. org/index.php/food-rescue-alliance*

IMPERECT DOES NOT MEAN INEDIBLE

Tips on how to reduce food waste:

Freeze uneaten or extra fresh food rather than throwing it away; research which foods last better with or without refrigeration.

Speak to employers and dining services about donating uneaten food; inform them of The Bill Emerson Good Samaritan Food Donation Act, which protects donators from liability lawsuits.

Ask dining services to consider going "trayless" to reduce food waste per person.

Volunteer at food kitchens, food banks, and other food recovery and rescue programs.

Join the EPA's "Food Recovery Challenge" at *http://www.epa.gov/ smm/foodrecovery/*; or the USDA's "Food Waste Challenge" at *http://www.usda.gov/oce/ foodwaste/.*

Be mindful of expiration and sell and best-by dates; use food set to expire soon first.

For tips on how to reduce waste, particularly in the home, visit: *http:// westcoastclimateforum.com/ food/wasteless/*

staff spotlight

Name: Kerry Desjardins

Title: Policy Associate

Time at APHSA: I excitedly joined APHSA in mid-May.

Life Before APHSA: I am originally from a rural community on the outskirts of Northern Virginia. I earned a B.A. in Global Affairs with a concentration in International Development, as well as a B.A. in Latin American Studies, both from George Mason University (GMU). After working as a homelessness prevention case manager and a public benefits worker for a few years, I decided to return to GMU to pursue a master's degree in Social Work (MSW) with a Social Change concentration. During my MSW field practicums, I gained valuable experience in program development, public education, policy analysis, and advocacy. I graduated with my MSW in May 2015.

Priorities at APHSA: My work at APHSA will be focused mainly on the development and activities of the new Center for Workforce Engagement.

What I Can Do for Our Members: I bring my boots-on-the-ground human service experience to APHSA;

I have seen up close the ways in which human service systems ultimately affect many individuals, families, and communities. Just as important, having worked as a human service worker, I have an insider's understanding of the concerns of and challenges faced by human service administrators. My direct human service experience, combined with my social work background and my understanding of macro-level policy, give me a holistic view of human service systems and their interactions with other macro systems. My experience, knowledge, and perspective makes me an ideal intermediary between APHSA's members and policymakers and other stakeholders outside of the human service system.

Best Way to Reach Me:
You can reach me via e-mail at *kdesjardins@aphsa.org.*

When Not Working: Typically, when I'm not at work I'm relaxing at home with my family or catching up with friends. I work hard, so I need my downtime to recharge. I watch far too much TV, but generally on the weekends I enjoy doing low-key activities outdoors and occasionally hitting the powwow trail.

Motto to Live By:
Never talk small. ▣

CLIENT EXPERIENCE continued from page 21

being performed in the portal and by whom. In addition, providers will only be able to access the information of clients whom they are currently serving; clients will be linked to providers either through billing records or at the time of the client's first service with that particular agency. Clients whose association with a provider is not confirmed through billing will have to be approved by an administrator in order for that provider to view the records.

With regard to HIPAA and the sharing of client information through Client View, DHS complies strictly with privacy regulations, and DHS's contracted agencies, as extensions of DHS, must maintain the same level of confidentiality as stipulated in their contracts. At the same time, DHS

believes fundamentally that sharing protected information—such as the data provided through the portal—is important, and at times critical, for care. The appropriate sharing of client information promotes good care, and is critical to the continuity and overall quality of care and services provided to DHS clients.

A Promising Future for Data Sharing

The portal was rolled out first to DHS staff and then to a pilot group of providers. In the coming months, Client View will be made available to all contracted providers.

Plans for expanding Client View don't stop there. Designs are underway to expand access to Client View to clients themselves; in the future, they

will have more influence over their own care by being able to access their own or their family's service plans and provide feedback on services through Client View. In this way, people involved with the human service system will gain increased empowerment through technology and information transparency, a goal for which DHS is constantly striving, for its clients, its providers, and for itself. ▣

Note: This article was prepared with assistance from Liz Zembruski and other DHS staff.

Erin Dalton *is the deputy director of the Office of Data Analysis, Research, and Evaluation at the Allegheny County (PA) Department of Human Services.*

There are two facets of the right to privacy. One is the right to participate in private activities such as consensual sexual relations.[4] The other prohibits disclosure of personal information.[5] Focusing on the second, what specific actions and policies will allow a human service agency to be sensitive to a minor's privacy while simultaneously allowing it to robustly advocate for and represent on behalf of that minor?

- At the outset, clients should be informed of the overall objective of the agency's policy regarding privacy. Specifically, it should be clear to every client that the purpose is to protect the privacy of individuals who have sensitive information stored, either in electronic or paper form, while at the same time providing the agency with the ability to share information with authorized entities as required by law, regulation, or policy.
- Clients should know how information about them is collected, shared, and protected.
- Clients should be informed of the physical, technical, and administrative security measures the agency maintains.
- Clients should understand that at times, and for particular purposes, their personal information may be made available to certain third-party service providers.

Inadvertent outing of a minor client can avoided. To do so means just putting in place some common sense policies and training. Most obviously, minor clients should be asked if they wish their sexual orientation and gender identity information to be shared selectively.

Ask. Don't just tell. ◼

Daniel Pollack is professor at the School of Social Work, Yeshiva University, New York City. Contact information: dpollack@yu.edu; (212) 960-0836.

Reference Note

1. Centers for Disease Control and Prevention. (n.d.). *Lesbian, gay, bisexual, and transgender health.* Available at *http://www.cdc.gov/lgbthealth/youth.htm.* Also see Russell, S. & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study, *American Journal of Public Health, 91,* 1276–1281.

2. Durso, L., & Gates, G. (2012). *Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or who are at risk of becoming homeless.* Available at: *http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf*

3. *Lawrence v. Texas,* 539 US 558, 573-74 (2003)(citations omitted).

4. *Lawrence v. Texas,* 539 U.S. 558 (2003); *Bowers v. Hardwick,* 478 U.S. 186 (1986); *Barmicki v. Vopper,* 200 F.3d 109 (3d Cir. 1999).

5. *Sterling v. Borough of Minersville,* 232 F.3d 190 (3d Cir 2000); *Nguon v. Wolf,* 517 F. Supp. 2d 1177 (C.D. Cal. 2007). This confidentiality right also includes "the right to be free from the government disclosing private facts about its citizens and from the government inquiring into matters in which it does not have a legitimate and proper concern." *Ramie v. City of Hedwig Village, Tex.,* 765 F.2d 490, 492 (5th Cir. 1985) (citing *Whalen v. Roe,* 429 U.S. 589, 599-600 (1977)).

Collaborative, over the past year, the development of the P3 CoE will enable states and localities to share practices and ideas on how best to make use of SSA data for health and human service cross-programmatic purposes.

On the Horizon….

The National Collaborative's *Roadmap to Capacity Building for Analytics*

In late 2015, the National Collaborative's Analytics Committee will be releasing the *Roadmap to Capacity Building for Analytics*—a follow-up to the committee's first piece of guidance, *Analytic Capability Roadmap for Human Service Agencies,*[2] originally distributed in April 2014. The first roadmap introduced the concept of using analytics in a health and human service context. It also provided a framework for agencies to assess how they are currently using analytics. The focus of the new version is centered on the different types of capacities (e.g., governance, data processes) that agencies will need to develop in order to implement a successful analytic initiative or project.

APHSA *2015 HHS Integration Survey*: Preliminary Results

The results of APHSA's *2015 National HHS Integration Survey* are in and the preliminary findings show that state and county health and human service programs are continuing to make major strides toward a more collaborative and integrated service delivery model on behalf of their program participants.

Earlier this year, senior-level state and county APHSA members were invited to participate in this year's survey based on our recently revised "Health and Human Services Integration Maturity Model."[3] The survey consisted of 38 questions, each of which had four possible responses tied to a specific level of organizational maturity—Regulative, Collaborative,

While many of the responding organizations have set their goals on achieving a holistic, program participant-oriented vision focused more on outputs designed to address the social determinants of health than on inputs, they continue to be challenged by the absence of technologies within their programs, and the lack of a helpful infrastructure, including workflows, to help them get there.

Integrative, and Generative—as defined in the Model.

Areas Farthest Along the Road to Service Integration

In spite of the diversity of programs and localities that responded, there was considerable agreement on a number of key areas.

1. For example, *cross-boundary communication* **was the area farthest along the Integration continuum of all the topics surveyed.**

We asked, "With whom does your organization communicate and for what purpose?" More than two-thirds of the respondents said they, "conducted communications regularly throughout the entire enterprise, both vertically and horizontally, to reinforce achievement of shared goals."

Forty percent of the total went even further by selecting the Generative response (highest level of organizational maturity) by characterizing their communication inside *and outside* the enterprise as "multi-dimensional, strategic, and serves to reinforce ways to effectively achieve our shared challenges and successes."

2. A second area that ranked very high on the Integration scale was the *organization's current vision.*

One-third of the respondents said that, in addition to working with others, their current vision "focuses on addressing and solving the root causes of our program participants' needs" (Integrative).

An additional 12 percent said, "We work with others to identify additional services beyond our health and human service enterprise to

address the social determinants of health, generate healthy communities, and improve program participants' outcomes through the use of analytics" (Generative).

3. A third area that ranked highly in terms of service integration was the way organizations saw their responsibility in *helping program participants gain access to available services.*

The majority of respondents said participant access was "…the result of ongoing engagement and proactive communication from the enterprise and existing program participants."

Key Obstacles

A number of challenges remain, of course.

1. More than three-quarters of the respondents said their current **"systems are designed to be transaction-driven and focused on the individual division or line of business meeting its goals"** when asked what the primary purpose was of their existing systems.

While certainly not surprising, this response is considered to be the least advanced on the Integration pathway; i.e., Regulative.

Other possible responses that could have been selected, but were not by any respondent, included, "systems are designed to be outcome-driven and focused on goals defined for the enterprise as a whole" (Integrative), or the Generative response that built on the Integrative one by adding, "…and [our goals] are continually modified to incorporate the drivers associated with the social determinants of health."

2. Three out of four of the survey respondents also highlighted their organization's reliance on **"program-specific applications/intake processes** to determine eligibility and enroll program participants" (Regulative). Another 20 percent of the respondents added that while they are able to use cross-boundary data, programmatic enrollment is handled differently by different partners (Collaborative).

3. Finally, when asked about the status of their organization's current workflows, all of the respondents selected either the Regulative response; i.e., **"Workflow processes are rules-driven and designed to deliver a specific output**—determination of eligibility, benefit level to be provided, etc.," or the Collaborative one, which was the same as the Regulative except that the workflows are "updated to build in efficiencies through collaboration with other programs."

While these responses are well within today's typical workflow goals, the non-selected Integrative ("Workflows are streamlined, seamless and completely integrated… designed to achieve efficiencies and outcomes identified by program participants and the enterprise") or the Generative response, which was the same as the Integrative one except the workflow processes ("…also benefit from the input of stakeholders internal and external to the enterprise, community partners and program participants—all of whom have been key in assuring the processes are designed to achieve shared outcomes") were not chosen by any of the organizations as characteristic of their current workflow.

In summary, while many of the responding organizations have set their goals on achieving a holistic, program participant–oriented vision focused more on outputs designed to address the social determinants of health than on inputs, they continue to be challenged by the absence of technologies within their programs, and the lack of a helpful infrastructure, including workflows, to help them get there.

These findings, together with other survey results from our final report, can be found on APHSA's web site under the heading, "National Collaborative on Integration of Health and Human Services."

Megan Lape is the assistant director for the National Collaborative for Integration of Health and Human Services.

Reference Notes
1. OMB Circular A-87 (Section C.3) and Section 200.405 of the superseding "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (2 CFR 200 issued December 19, 2014).
2. *http://www.aphsa.org/content/dam/ aphsa/pdfs/NWI/FINAL_NWI%20 Analytics%20Capability%20 Roadmap_4.17.14.pdf*
3. *http://www.aphsa.org/content/ dam/aphsa/pdfs/NWI/APHSA%20 Maturity%20Model_2%200_Final-AP_4%201%2015.pdf*

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their individual and family needs. Workforce engagement efforts at the macro and micro levels must be intentionally designed and implemented in ways that focus on creating career pathways for families, not just to employment, but, to gainful employment and the resulting positive outcomes that benefit the whole family.

Gainful Employment and Independence is one of four key outcome areas APHSA seeks to impact through a transformed human service system. Our work is focused on supporting individual and family capacity, stabilizing families and their budgets, putting people on a path away from dependency and toward self-sufficiency, and providing them with necessary preparation and sustainable skills to succeed in an increasingly volatile and competitive economy. This approach supports the many ways in which work contributes to quality of life. It is characterized by a number of components important to building individual capacity and sustainability in the workplace, including not only income and a safe working environment but also engagement and involvement, deriving purpose in the work performed, respect and appreciation for diversity, and a sense of performing well and achieving goals. Gainful employment is one of the surest and most long-lasting means to lifelong independence and well-being for both parents and their children.[5]

In the coming months, APHSA will be launching a new initiative, the Center for Workforce Engagement (CWE), which has been established to identify and promote policies, funding structures, practice models, and other resources that can best support and enable gainful employment and independence for individuals and their families. Look for a full introduction to the CWE in the next issue of *Policy & Practice*. **P**

Kerry Desjardins is a policy associate at APHSA.

Charlie Lucke was a summer 2015 policy intern for APHSA.

Reference Notes
1. Elliot, M. (1996). Impact of work, family, and welfare receipt on women's self-esteem in young adulthood. *Social Psychology Quarterly*, 59(1), 80–95.
2. Grimm-Thomas, K., and Perry-Jenkins, M. (1994). All in a day's work: Job experiences, self-esteem, and fathering in working class families. *Family Relations*, 43(2), 174–181; Berg, P., Frost, A. C. (2005). Dignity at work for low wage, low skill service workers. *Relations Industrielles*, 60(4), 657–682.
3. Elliot, 1996; Grimm-Thomas & Perry-Jenkins, 1994.
4. Grimm-Thomas & Perry-Jenkins, 1994.
5. Gomez, L. I., and Thetford, T. (2014). Microbusinesses, gainful jobs. Washington, DC: FIELD at the Aspen Institute.

our do'ers profile

In Our Do'ers Profile, we highlight some of the hardworking and talented individuals in public human services. This issue features Cheryl Ternes, director of Arapahoe County Human Services.

Name: Cheryl Ternes

Title: Director of Arapahoe County Human Services

Term of Service: 32 in human service, 9 as director in Arapahoe County

Rewards of the Job: There is an opportunity, every day, to make a positive impact in the lives of vulnerable people. While the job is certainly challenging, the positive results of work inherent in this position far outweigh the time and effort required. Since the goal of the work is enhancement of people's lives and other service organizations, there are no negative consequences that necessarily flow from the work activity.

It is now recognized that effective provision of services requires collaboration and integration among agencies. Therefore a tremendous opportunity exists to improve the work of all organizations dealing with at-risk families, children, and adults. Almost invariably, the results of working together are better outcomes. There is a major focus in our communities on early intervention and prevention that enables families and individuals to avoid having problems evolve to a level that requires deep involvement in the system.

Accomplishments Most Proud Of:

- Arapahoe County Human Services has a skilled and accomplished management team.
- Staff throughout the department is empowered to be creative and innovative in its work. Examples are the establishment of an early intervention program in Child Support Services, implementation of an electronic workflow data system for Assistance Payments programs, implementation of differential response in Child Protection, and the development of a human service data warehouse.
- The department's focus is on meaningful outcomes in addition to compliance with rules.
- Development of a meaningful performance management system called Arapa-STAT that focuses on both compliance and additional outcomes for the children, adults, and families we serve. Arapa-STAT allows us to analyze key performance measures, identify opportunities for improvement, and discuss next steps to advance our work.
- Partnering with many community and government agencies, Arapahoe County and Douglas County have embarked on a public–private partnership to serve children and families involved in or at-risk of involvement in the juvenile justice system. The Family Resource Pavilion, which is scheduled to open in Fall 2015, will be a hub for all services for the juvenile population, a one-stop shop for children and their families.
- In partnership with our mental health providers, as well as other key agencies, we have created a trauma-informed system that addresses the presence of trauma and the role that it plays in the lives of adults and children. Trauma-informed practice in child welfare is bringing all of those involved with the child, parent, and family together to make resources available to effectively treat both the family and the staff who experience secondary traumatic stress in the course of their work.

Future Challenges for the Delivery of Public Services:

With the alarming increase in the population of people living below the poverty line, substance abuse, domestic violence, and unemployment rates, public human service agencies must work more closely with other service providers. Whether that means sharing funds, joint staffing, sharing data, or locating jointly, the current divisions among agencies must substantially dissolve for the efforts of service providers to be most relevant.

Public agencies must develop and embrace technological advancements Technology that will free up staff time to provide direct services to families and children, track activities and outcomes, and demonstrate the effective use of funds is crucial. Data analytics and predictive modeling will assist agencies to predict service needs and priorities.

Little Known Facts About Me:

- I attended the 1985 APHSA conference (then called the American Public Welfare Association) where I was recognized for being the youngest person in attendance
- I eat a plant-based diet.
- My grandfather immigrated to the United States from Portugal at age 15. His family sent him here so he would have more opportunities than he would have in Portugal. He did not speak any English. He was a very brave man.

Outside Interests:
am an avid runner and compete in at least five races a year. I do volunteer work for animals.

Microsoft Dynamics CRM

Microsoft Dynamics CRM for HHS Transformation

Simple as Microsoft Office	Less complex
Lower total cost	Fast to deploy
Long-term flexibility	Easy to use

How do you achieve maximum value from your HHS IT systems?

The APHSA and Microsoft report on agency transformation points to three critical success factors:

- Leadership and effective cross-boundary communication is a bedrock requirement to effectively leverage technology

- Enterprise HHS platforms must leverage COTS solutions to be nimble, modular and responsive to change

- Gaining cost efficiencies requires the use of benchmarks and measurement

To learn more, download the report at **microsoft.com/hhs**.

Tennessee Department of Intellectual and Developmental Disabilities (DIDD) delivers on its mission with Microsoft Dynamics CRM:

Leveraging **Microsoft Dynamics CRM**, **Tennessee DIDD** is improving the lives of the individuals and families who depend on their services and the effectiveness of DIDD staff and agencies.

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70%

We helped a client achieve a 70% reduction in their state's eligibility error rate (from 5% to 2%) between PERM cycles.

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