POLICY & PRACTICE

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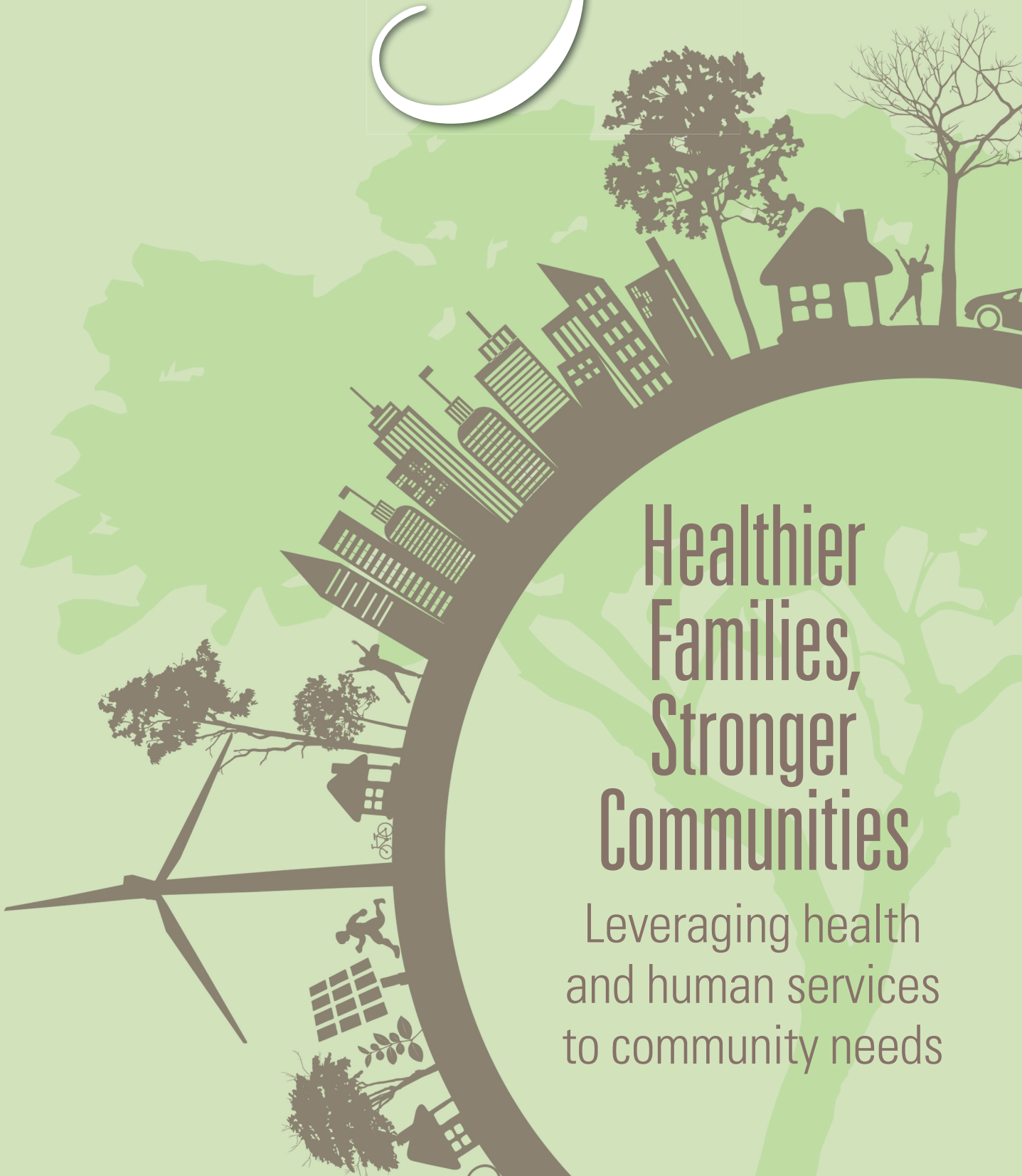

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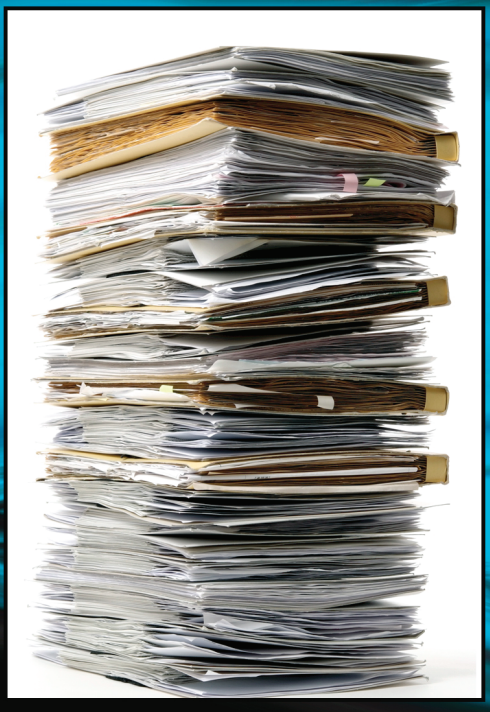

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contents

Vol. 74, No. 5
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features

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departments

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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

Why Framing Matters: A Review of the Basics

Framing is a key element of our theory of change, and we believe it is a ***critical shared strategy*** for anyone interested in moving system transformation in health and human services. Over the past couple of years—drawing on the expertise of framing scientists at FrameWorks Institute and the mutual commitment of partners like the National Human Services Assembly—we have deepened our understanding of why framing matters. We are learning how to develop a new narrative that more effectively tells the core story of our business—what human services is, why we have it (what is it good for), what can impede its outcomes, and what will improve it. Through this column, and our more frequent Blog posts, we will continue to share this understanding and knowledge with you, starting in this issue with a review of the basics.

What is Framing?

Frames are organizing principles that are social, shared, and persistent over time. We use them to provide meaningful structure to the world around us. We selectively respond to things we hear (e.g., news story, commercials, a candidate's speech) by cueing up the networks of associations we have stored to help us make meaning of our world. Information "feels" more true the second time we hear it, and more and more true each subsequent time. Our mind has a whole set of pre-existing patterns and we are constantly mapping new information in a way that appears to "fit" that existing mindset.

The science of framing helps us understand the dominant frames Americans use to reason about issues we care about, and then identify what frame elements might allow us to shift old beliefs and provide "thinking tools"—i.e., ways people can think more productively about issues, particularly those that involve understanding systems and structures.

What We Want to Trigger	Shared American Value	What We Don't Want to Trigger	Dominant Value
Every person has the potential to build and live a good life and everyone needs support at times in their lives to maintain well-being.	Human Potential (across the lifecycle)	I pulled myself up by my bootstraps, why can't they?	Rugged Individualism
There are common sense solutions that we know work.	Pragmatism	The problem is too big; we'll never solve it.	Fatalism
By acting early on, we can prevent problems from getting worse and costing more.	Prevention	Government services create dependency and cost taxpayers too much.	Government is Inept

What are Shared American Values?

Americans have many dominant frames when it comes to human services, poverty, government, charity—dominant frames that can overwhelm and defeat our intended messages. When we talk about our business or tell individual stories of families served through human services, we tend to reinforce these unproductive dominant frames. When we talk about human services, we want to "land in" the shared values that may not be as dominant but are more relevant to seeing the full picture. We want to "pull" those beliefs forward, letting the others recede.

To create a well-designed frame we need to start by setting up what is at stake and why it matters. We need to help our audience see themselves in the issue by connecting them to a shared value. For example, our narrative should provide practical, common-sense solutions that draw on American pragmatism. Americans want to hear what can be done—and we are more open to understanding issues when we believe something can be done. We need to avoid the stories of urgency and "doom and gloom." We all have a "finite pool of worry"—in other words, there is only so much we

See Director's Memo on page 37

POLICY & PRACTICE

Vol. 74, No. 5 www.aphsa.org

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By Lexie Gruber and Amy Templeman

Within Our Reach: Implementing Recommendations from CECANF

When the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) issued its report, "Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities," last March, it was the culmination of a two-year effort to study and reform America's child welfare system with a goal of reducing child abuse and neglect fatalities.

In the report, the CECANF outlined a population health approach with strategies and recommendations focused on identifying children most at risk and preventing child fatalities from abuse and neglect before they occur. The commission recommended states immediately undertake a retrospective review of child abuse and neglect fatalities from the last five years to identity the family and systemic circumstances that led to the fatalities. In addition, they recommended states use information from the review to develop and implement a comprehensive state plan to prevent child abuse and neglect fatalities.

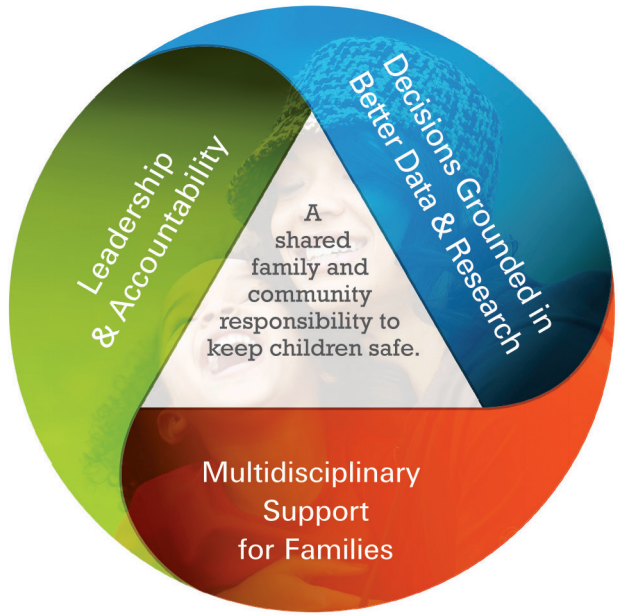
This is not the first time that our nation had tackled this momentous task. Previous commissions have taken on this challenge but many of these reports have languished on the shelf with little impact on practice or policy.

Early indications are that this will not be the case with the CECANF report and recommendations.

Within two months of the release of the report, the Alliance for Strong Families and Communities established a new office called Within Our Reach, funded by Casey Family Programs. Named for the CECANF report, the office will collaborate with a broad range of stakeholders and public- and private-sector partners to promote and accelerate the commission's work. Key strategies include:

- Accelerating and tracking CECANF's recommendations toward implementation by Congress, the Administration, states, counties, public–private partnerships, and community-based organizations;
- Evaluating the effectiveness of recommendations that are implemented, including whether they reduce fatalities and improve the well-being of children and families; and
- Helping shape a national dialogue indicating that the current approach to protecting children, with child welfare in the lead role, is not enough. Child welfare in the 21st century requires a public health approach that is a shared family and community responsibility.

Core Components of the 21st Century Child Welfare System



The early seeds planted in this effort are already taking root. Recent policy actions by the Administration, Congress, states, and counties reflect a number of the CECANF's key recommendations.

Within the federal government, the Centers for Medicare and Medicaid Services (CMS) released new guidance about maternal depression screening and treatment. The U.S. Department of Health and Human Services (HHS) has replaced the Statewide and Tribal Automated Child Welfare Information Systems (S/TACWIS) rule with the Comprehensive Child Welfare Information System (CCWIS) rule. These changes support the use of cost-effective, innovative technologies to automate the collection of high-quality case management data and to promote its analysis, distribution, and use by workers, supervisors, administrators, researchers, and policymakers.

The Administration also hosted a White House Foster Care and Technology Hackathon to discuss ways to break down information barriers relating to confidentiality,

See CECANF on page 33

Image via Within Our Reach report

By Barbara Tsao

Predictive Analytics and the Future of Health and Human Services

Information systems are more effective than ever in collecting mass aggregates of data from all realms of life—financial, medical, criminal, even social. In recent years, this capability has created a buildup of extremely large and complex data sets called "big data." Big data cannot be analyzed by basic statistical software alone[1] but recent efforts to decipher its large-scale patterns have led to the development of "predictive analytics." Predictive analytics is the use of electronic algorithms that learn from big data to predict future outcomes in a population.[2]

The health and human service field is in a highly advantageous position to benefit from the use of advanced analytics. Advanced analytics is an overarching pattern of statistical analysis that learns from data to determine the source of an outcome (statistical analysis), create hypothetical trends (forecasting scenarios), predict future outcomes (predictive analytics), and recommend optimal solutions for future scenarios (optimization).[3] This often untapped resource could be used to further analyze individual- and population-level trends to improve outcomes, impact performance and decision-making, inform resource allocation, and customize services to mitigate social, economic, and health risks across the broader care delivery system.

Real benefits that can be generated for health and human services through predictive analytics include predicting risk, cultivating diversity, expanding financial opportunities, and serving areas of greatest need. For example, in Dallas, Texas, the Children's Medical Center partnered with the Parkland

Photo illustration by Chris Campbell

Center for Clinical Innovation research center to implement a predictive model that assesses a child asthma patient's chance of hospital readmission. In determining which patients are at most risk, this model enables doctors to better establish a plan of care.[4]

Diversity is another benefit of advanced analytics. One example is Google, which has used predictive analytics to identify the cause of homogeny within its workforce. When evaluating its hiring practices, Google found that brainteaser questions inhibited recruitment from minorities. The company subsequently adjusted its interview

See Analytics on page 43

Forming an Analytics Team

New York City, ACS, and KPMG pulled together a team, including an executive sponsor, subject matter experts, and data modelers and designers. Upon assessing their resources, ACS decided to utilize their existing Data Governance workgroup and staff skilled in Software as a Service (SaaS). The model was funded by KPMG and support resources were provided by ACS to finance the work. The agency also realized they did not have the technological infrastructure (e.g., desktop server) available to run the new analytic model so they used KPMG's data center facility for the initial data storage and processing infrastructure. SaaS was the primary tool used for data transformation and modeling.

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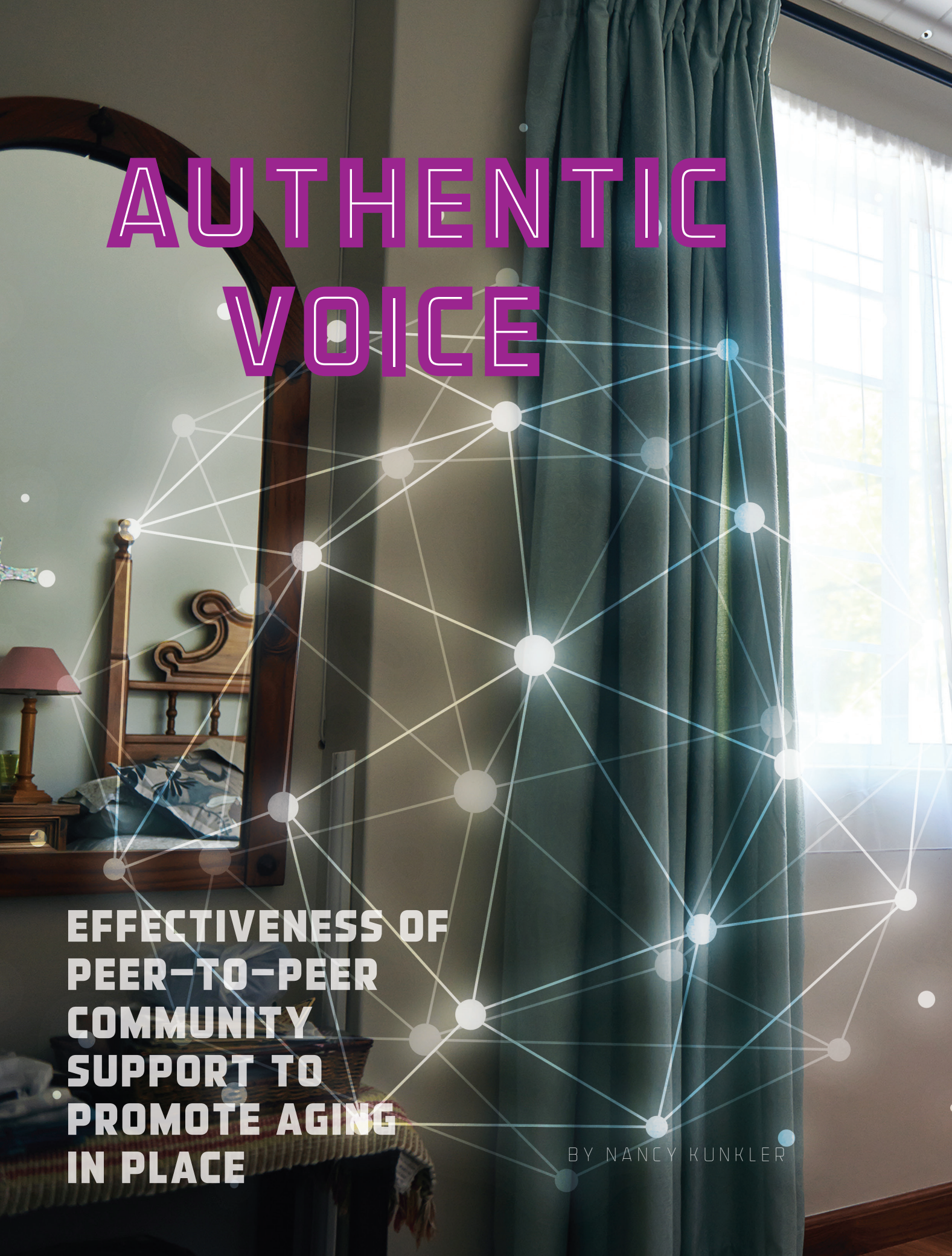
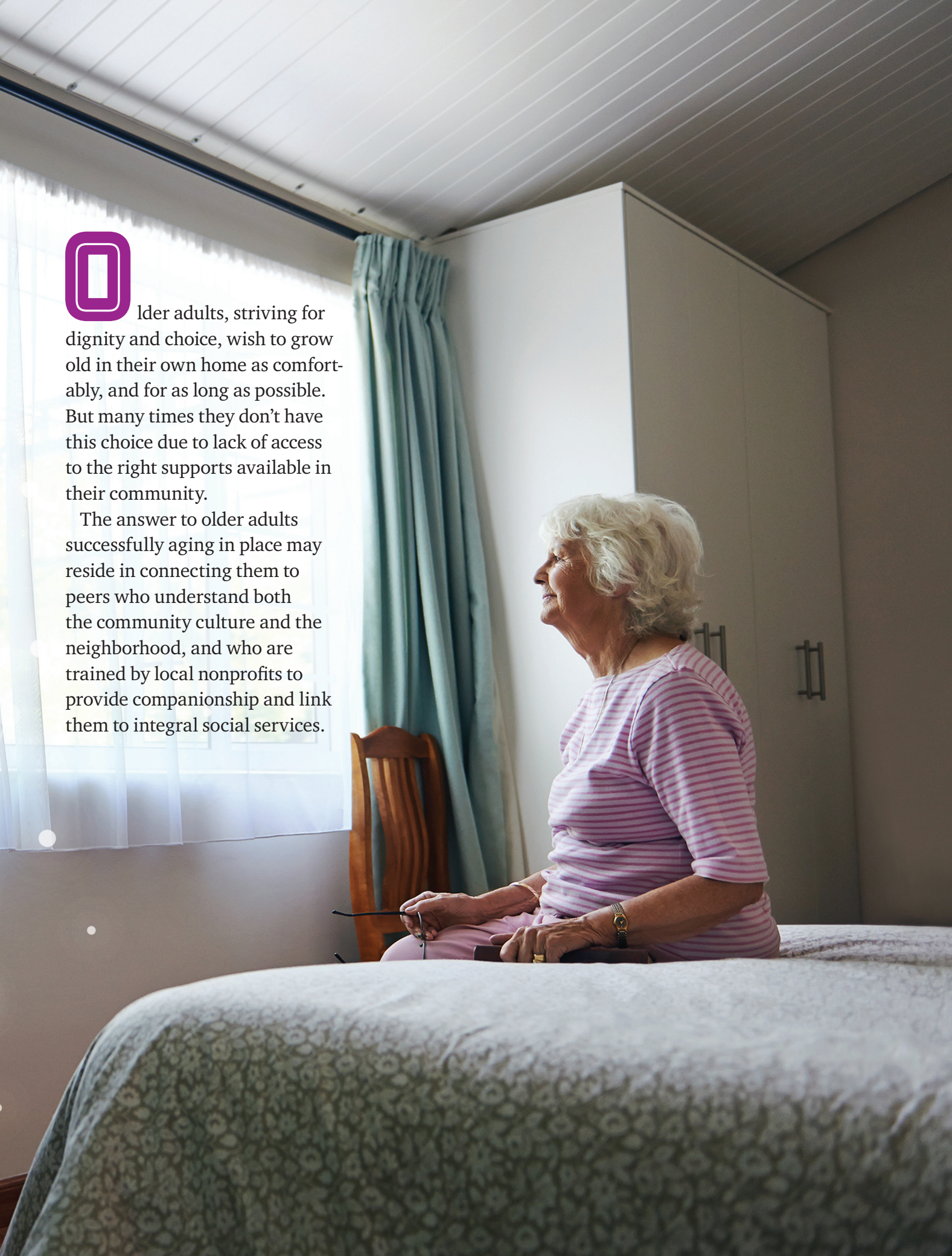


AUTHENTIC VOICE

EFFECTIVENESS OF PEER-TO-PEER COMMUNITY SUPPORT TO PROMOTE AGING IN PLACE

BY NANCY KUNKLER



Older adults, striving for dignity and choice, wish to grow old in their own home as comfortably, and for as long as possible. But many times they don't have this choice due to lack of access to the right supports available in their community.

The answer to older adults successfully aging in place may reside in connecting them to peers who understand both the community culture and the neighborhood, and who are trained by local nonprofits to provide companionship and link them to integral social services.

A research project led by the University of Wisconsin (UW)—Madison that involves older adults in three communities is currently studying this very concept, attempting to clearly document one effective way to help older adults age in place.

The UW—Madison project, Effectiveness of Peer-to-Peer Community Support to Promote Aging in Place, is funded with a $2.1 million contract from the Patient-Centered Outcomes Research Institute (PCORI). UW—Madison is partnering with the Alliance for Strong Families and Communities Evaluation and Research Department and the Center for Engagement and Neighborhood Building and three community-based, nonprofit organizations that are members of the Alliance network.

The model the team is evaluating involves nonprofit social service organizations using trained community members over the age of 55 to engage other older adults in a manner that results in tangible social and physical supports that make it possible for older adults to age in place. Over three years, hundreds of older adults who are receiving support will participate in the research, allowing them to inform both this project and future policy and practice about how and where they age.

Explains Laura Pinsoneault, former director of evaluation and research services for the Center for Engagement and Neighborhood Building, "By engaging these individuals on their own turf with a person they know and trust, we will establish the research to understand what can contribute to better health outcomes that may allow them to age in place. They must know that they are trusted as the absolute experts of what they need."

Nancy Kunkler is the public relations manager at the Alliance for Strong Families and Communities.

According to Dr. Elizabeth Jacobs, professor of medicine and population health sciences for the UW—Madison Department of Population Health Sciences, "We are asking and answering, 'How do we take the strengths of what already exists and build up supports so that people can age in place and do not end up in the emergency room, hospital, or nursing home too soon?'"

PLANNING AND PREPARATION

The three nonprofit, community-based organizations—Alpert Jewish Family and Children's Service (AJFCS) in West Palm Beach, Florida; The Community Place of Greater Rochester New York; and Jewish Family Service of Los Angeles—are established providers of older adult services in their communities and have embedded authentic voice into their entire practice.

After recruiting older adults who not only want to give back in a positive way, but also know about the neighborhoods where they will engage their peers, the organizations provide intensive training. This involves preparing them to focus on the types of cultural competencies necessary to effectively go into the community and engage their neighbors.

At Jewish Family Service of Los Angeles, the older adults recruited to work on the project are called peer companions and are ensuring authentic voice. "The peer companions are actually in an excellent place to translate and transmit the voice of the consumer since the relationship is a more equal one," says Paul Castro, president and CEO of Jewish Family Service of Los Angeles. "During supervision sessions, peer companions often express the challenges and concerns faced by the people they visit and thus their voices are heard as well."

In fact, the peer training goes both ways, with older adult peers helping the organization further the research. Jenni Frumer, CEO of AJFCS, says, "These individuals engage their peers in a way that will ultimately help us to understand the relationship of peers in the life of older adults and the effectiveness of these relationships to aging in place."

DATA COLLECTION EMBEDDED IN THE PROCESS

On typical research projects, the main data collectors are research professionals who don't always have a connection to the community. But for this project, getting the most authentic information possible meant that data collectors must engender trust, have an understanding of the area, and share common experiences with the older adults taking part.

Therefore, to gather the data that will inform the research in the most effective, fast, and authentic manner, each of the community-based organizations contributing to Effectiveness of Peer-to-Peer Community Support to Promote Aging in Place were funded to hire their own researcher.

Going further, at each organization, there are at least two members of the community on the research team. These are usually an older adult, project supervisor, or a family member of an older adult who is getting peer-to-peer support. Unlike many research studies where stakeholders are engaged in minimal ways, these community members are able to contribute in meaningful ways at all levels of the research. They have helped to refine the research questions, participated in monthly meetings, and had the opportunity to weigh in on issues that arise during the research process.

See Authentic Voice on page 35

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Empowering Jobseekers with Mental Illness and Substance Dependency

By Kerry Desjardins and Katlyn Riggins

The connection between employment and psychosocial well-being is well established.

Meaningful work contributes to mental health and well-being because it facilitates social inclusion and is intimately linked to self-esteem and identity.[1] At the same time, mental health and well-being are important factors for success in the workforce. Mental illness and substance dependency can hinder a person's ability to attain and retain employment.

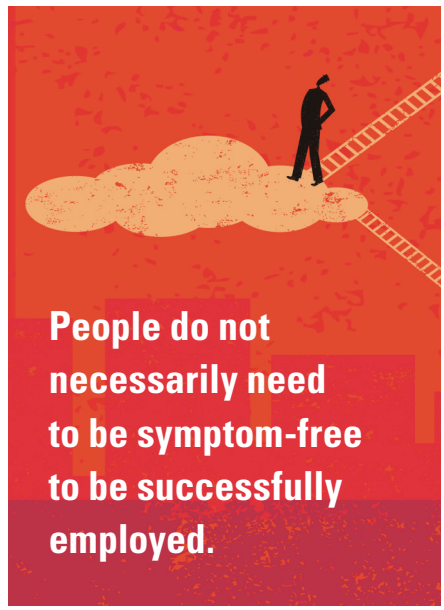
The United States has staggering rates of mental health and substance abuse conditions: almost half of all Americans will develop a mental health or addictive condition at some point in their lifetime.[2] While not all mental health or substance abuse conditions are chronic or debilitating, they can be, especially when they are not identified or sufficiently addressed. Considering the rates of mental health and substance abuse conditions within the general population, it should be no surprise that a large number of human service customers deal with these issues as well. Thus, it is not surprising that many human service administrators cite behavioral health issues and related barriers as some of the most persistent and difficult issues for their customers to overcome.[3]

Illustration via Shutterstock

Too few individuals with behavioral health challenges are receiving the employment services and supports they need to succeed. One reason is that many do not identify as having a mental health condition or do not disclose their condition. Another contributing factor is that, in some states, long waiting lists for specialized services result in individuals with less severe mental health conditions not being eligible for services. Many workforce development professionals lack understanding of how the dynamic interplay between contextual barriers and person-level determinants affects the work lives and behaviors of individuals dealing with mental health or substance dependency issues. Fortunately, there are robust evidence-based models and best practices for serving jobseekers who struggle with behavioral health issues and there are state and local programs making intentional efforts to better address jobseekers' behavioral health concerns.

Mental health and well-being are critical to success in the workforce.

It is important to keep in mind that mental illness affects individuals in different ways. People with mental health conditions are a diverse group with varying work–life experiences. Some people with mental health conditions never stop working; some experience interruptions in their career due to mental illness or substance dependency; and some may be able only to do limited work. People do not necessarily need to be symptom-free to be successfully employed. However, mental health and substance dependency issues certainly can hinder the ability or willingness to attain and retain employment.[4]



According to the National Network of Business and Industry Associations' Common Employability Skills model, skills such as behaving consistently, predictably, and reliably; demonstrating regular and punctual attendance; demonstrating self-control by maintaining composure and keeping emotions in check in difficult situations; maintaining a professional appearance; operating tools and equipment in accordance with established operating procedures and safety standards; and many others are foundational skills that employers expect of any employee.[5]

There are many reasons why these skills might be difficult for individuals with mental illness or other behavioral health issues, even those in recovery, to perform. These reasons might include characteristics of the illness, including impairments that can arise from symptoms such as tiredness; loss of interest or pleasure in activities; trouble concentrating or making decisions; racing thoughts; or impulsiveness. Medications that help some individuals manage their symptoms can have side effects—for example drowsiness—and can have a negative impact on their employability skills. Success in the workforce for people with behavioral health issues can also be affected by contextual factors such as a lack of educational attainment; gaps in employment history; criminal records; work disincentives imbedded in public policies; fear of losing medical benefits; stigma; and fear of reentering employment due to negative past experiences.[6]

Many human service customers experience mental health and substance dependency issues.

Rates of mental illness and substance use disorders are high among the U.S. population. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 18 percent of U.S. adults currently have a mental illness and more than 8 percent have a substance use disorder.[7] The employment rate of these individuals is not only remarkably low, it has been declining for more than a decade. Increasing numbers of individuals with mental illness rely on the public system to help them meet their financial needs. It is the single most common cause of long-term disability.[8]

Public assistance and workforce development customers are no exception to these national trends. For example, national data on the proportion of adult Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) recipients with mental illness vary due to differing measures of mental health but it could be as high as 24 percent.[9] Multiple studies have found that substance use disorders are fewer among SNAP and TANF recipients than the general population.[10] We know that, for various reasons, many of these customers do not identify as having a mental health or substance dependency disorder, and even those that do sometimes do not report it. This is unfortunate because behavioral health and related issues can serve as barriers to employment and self-sufficiency that may be difficult to overcome, especially when individuals have low-incomes, lack sufficient access to quality services,

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Katlyn Riggins was a summer intern for the strategic initiatives team at APHSA.

and have limited social supports. There are, however, a number of evidence-based models and best practices that are successful in helping this group succeed in the workforce.

We must utilize evidence-based practices to identify and address behavioral health issues and assist individuals with mental health conditions to attain and retain meaningful employment.

The first step to addressing these employment barriers is identification. Regardless of the "door" through which a human service customer enters, initial client assessment should include screening for mental health and substance use problems. There are a number of screening tools that nonclinical front-line human service workers can use to identify individuals who may be experiencing behavioral health issues. A list of screening tools and resources can be found on the SAMHSA–HRSA Center for Integrated Health Solutions website.

For a decade, New York City's Human Resources Administration (HRA) has been using the WeCARE model (Wellness, Comprehensive Assessment, Rehabilitation, and Employment) to assess and address the needs of cash assistance recipients with clinical barriers to employment. The WeCARE model begins with a biopsychosocial assessment,[11] and provides comprehensive services, including individualized service plans, referrals, case management, vocational rehabilitation, and job development. The WeCARE model has been successful in assisting many participants in stabilizing their mental health conditions and achieving self-sufficiency through transition to employment. More information about WeCARE is available on HRA's website and the Office of Family Assistance's peer technical assistance website.

Even when their mental health needs are being appropriately addressed, traditional employment and vocational rehabilitation services are inadequate for some individuals with mental health conditions, as they are typically time-limited. Due to the chronic and episodic nature of most mental health conditions, individuals may require ongoing or intermittent supports to remain attached to the workforce.[12] Supported Employment (SE) is the strongest evidence-based vocational rehabilitation model for individuals with mental health conditions. The approach emphasizes helping these individuals obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. The principal philosophy of SE is the belief that every person with a mental health condition is capable of competitive employment if the right kind of job and work environment can be found. Therefore, the main goal of SE is not to change consumers, but to find a natural "fit" between their strengths and experiences and jobs in the community.[13]

The SE model has been the most extensively studied model of vocational rehabilitation for people with mental illness. It has been found to produce better employment outcomes than comparison programs, such as transitional employment. Consumers in SE programs are more successful in obtaining competitive work, working more hours, and earning higher wages.[14] For those interested in learning more about SE and how to build and implement SE programs, SAMHSA offers a free Supported Employment Evidence-Based Practices toolkit on its website.

A great example of a model SE program is the Community Support Program offered by the Family & Children's Center (FCC), a nonprofit organization in Wisconsin. FCC's Community Support Program (CSP) provides comprehensive mental health, substance abuse, and case management services to adults diagnosed with

See Jobseekers on page 39

The SE model has been the most extensively studied model of vocational rehabilitation for people with mental illness. It has been found to produce better employment outcomes than comparison programs, such as transitional employment.

Managing Knowledge for Impact

Strengthening the Capacity to Respond More Effectively to Current Issues and Plan for the Future

By Lee Biggar and Christine Tappan

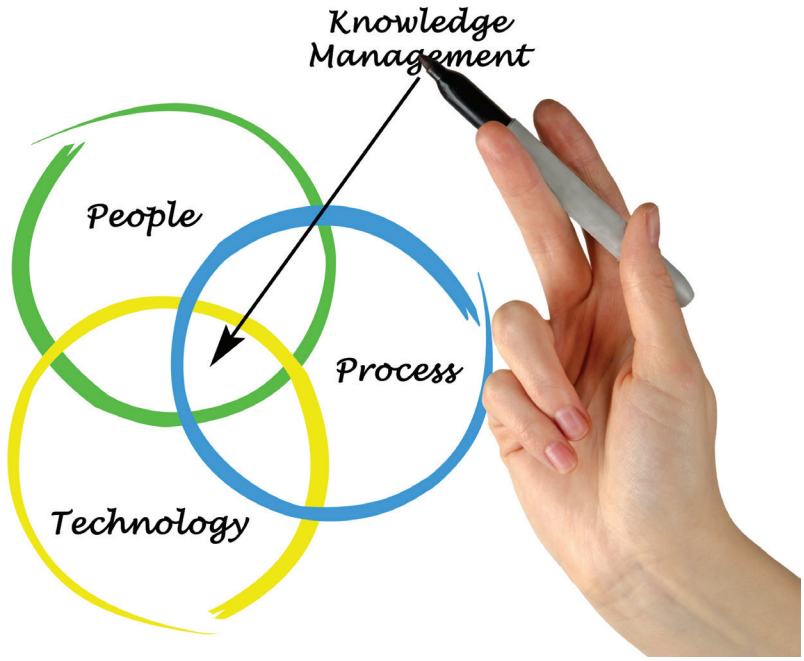
Managing data, information, knowledge, and learning in health and human service (HHS) organizations is a complex endeavor that can either accelerate or inhibit goals toward integration, innovation, and sustainable outcomes. Historically, knowledge management (KM) has been defined as the process of "managing knowledge of and in organizations," including assets such as databases, documents, policies, procedures, and previously uncaptured expertise and experience in teams and individual workers. Increasingly, KM is also considered the process of collecting and disseminating information gained or contained in intra- and interorganizational systems and relationships, such as content and learning management systems (CMS/LMS), social networking, and media. These critical activities often occur disparately across HHS agencies and lack a cohesive vision that provides clear direction on prioritization and deployment of resources. More recently, the discussion around KM has shifted toward understanding the differences between KM and knowledge mobilization (KMbz), which is the transfer, translation, exchange, and co-production of knowledge. The intention is to understand how knowledge is brought to action for greater impact through effective dissemination and implementation.

Illustration by Chris Campbell

At APHSA, we've elevated our work around knowledge management and mobilization to help strengthen the capacity of members to respond more effectively to current issues and plan for the future. We're evolving the tools and mechanisms we use to organize and disseminate information and creating new forums for our members to share best practices, learn, and innovate. A few examples of these include our Innovation Center,[1] which features an Information Hub, an Innovators Network, a feedback loop for continuous improvement to the site, and coming soon, a Story Map. Learning with and from other members, and the experts APHSA brings to the conversation, is one of the main reasons people join and renew their membership with us. So, we've also launched our Deputies Plus initiative (see Association News, page 32) focused on matching the professional development needs of deputies and senior agency staff to learning opportunities targeted on areas they see as most important to their work. This includes a range of peer-to-peer learning strategies based on a self-diagnostic survey and a resource repository of best practices tested and recommended by members.

Lee Biggar is the assistant division director of Knowledge Management at the Georgia Division for Family and Children Services.

Christine Tappan is the director of Strategic Management and the Local Council Liaison at APHSA.



Our Organizational Effectiveness (OE) team has also begun working with agencies to assess and understand their knowledge management vision, activities, and capabilities, strengthening their capacity to gather and mobilize data to understand root causes and drive change toward desired outcomes. Through our National Collaborative for Integration of Health and Human Services,[2] we're continuing to evolve our understanding and application of the Human Services Value Curve to inform system improvement efforts and help organizations drive the change they desire.

In this article we're taking a brief look at some of these challenges and how one APHSA member agency is moving to a new model for KM. Their intent is to break down internal silos and barriers to integration, learning, and innovation through changes in culture and structure and generate greater impact on outcomes for children and families.

Like business, across HHS we've realized how critical data and information are to cultivate the organizational knowledge we need. A core function of KM is data—collection, management, distillation, and dissemination with the desired outcome of well-managed data being knowledge. Recognizing this, for some time we've been strengthening our investment in technology and systems that can generate more and more data but we're still not getting to our desired state where data informs effective decision-making. Why is that? Some suggest that generating more and more information has resulted in information overload or "infobesity" in our organizations. Data are coming to and at people both personally, and in the workplace, from different directions and in a wide variety of formats not necessarily tailored to their specific needs. Staff's reaction to too much or disorganized data and information can be "data smog," "analysis paralysis," and anecdotal decision-making. Knowing the difference between data, information, and knowledge, and the key activities associated with each of them, can help tremendously. Creating a shared vision and definition of KM in your organization is fundamental. Then determining what functions are critical to KM, clarifying how you'll integrate and link functions structurally and strategically, is the key to managing knowledge for impact.

We usually think the biggest challenge in undertaking knowledge management is technology, but research has shown that, in fact, of the three key elements of knowledge management—people, process, and technology—people matter most. This makes sense when you consider that of the four factors that contribute

most significantly to success or failure of KM efforts—technology, content, project management, and culture (the norms of how people interact with each other)—culture has more positive and negative influence than previously understood.

So what are the cultural factors that play into an organization's success at KM? Leadership is committed to creating and sustaining a culture where there's trust and transparency, partnership, and a teaming mindset, particularly as it relates to data collection, analysis, and sharing. Honesty is fundamental for a culture of learning where staff feel safe and are able to be open about their challenges and failures as much as their success. Further, there is an environment where staff see value in identifying and managing multiple ways to capture and share knowledge and taking the time to do so is seen as a universal responsibility across the organization. Thus, collaboration exists consistently across organizational structures because there is a commitment to moving information freely across boundaries.

A charter is one way you can begin to lay the foundation for creating a KM structure and culture that promotes learning and vision for managing knowledge for impact within and across an organization. Here's how one member agency has begun their journey.

No "Business as Usual" for Georgia's Division of Family and Children Services

Like most child welfare systems across the nation, Georgia's Division of Family and Children Services (DFCS) faces a number of significant challenges when it comes to the provision of high-quality interventions and services necessary to keep children safe and to strengthen families. These include continuous front-line turnover (as high as 36 percent in recent months), high caseloads due to inadequate staffing levels, salaries that are far below market rate, and numerous senior-level leadership changes over the past decade. Add in negative media resulting from high-profile child deaths and one could reasonably make a fairly bleak prognosis about what lies ahead for DFCS. But that prognosis would be wrong.

Under the leadership of Division Director Bobby Cagle and with tremendous support from Governor Nathan Deal, DFCS has embarked on a journey toward achieving the goal of becoming the world's best child welfare system. This journey is guided by "The Blueprint for Change," DFCS's comprehensive child welfare system reform plan that contains three major objectives: building a robust workforce, implementing a comprehensive practice model, and establishing strong constituent engagement. To help meet these objectives, DFCS has placed "business as usual" aside and welcomed a number of strategies familiar to the corporate world but traditionally foreign to the child welfare public sector. One example of this is to establish a dedicated KM function. More details are forthcoming but first some significant background.

You're probably aware of what often occurs shortly, if not immediately, after new leadership takes the helm of a human service jurisdiction: the infamous "restructure"—new boss, new people, new agenda, new org chart. This is usually well-intended but, experience shows, may not be very productive in terms of improving and, more important, sustaining positive performance outcomes. Fortunately for DFCS staff, Director Cagle and his deputy director, Ginger Pryor, spent a good bit of time after their

See Managing Knowledge on page 38

VISION

To be the best Knowledge Management System serving Child Welfare.

MISSION

To provide leadership, training, business information, analysis and reporting, tools, and services necessary to develop our workforce and achieve positive outcomes for children and families.

GOALS

- Positive performance outcomes for children and families
- Highly competent and stable workforce
- Strong collaboration with internal and external stakeholders to discover, disseminate, and utilize information for effective knowledge transfer

OBJECTIVES

- Influence the development of a true learning organization
- Build and operationalize a Child Welfare learning academy for new workers
- Establish mentoring and coaching opportunities for case managers and supervisors
- Provide impactful new supervisor training
- Ensure availability of advanced training
- Utilize state-of-the-art information management technology/software
- Enhance SACWIS functionality
- Implement a policy development and dissemination process
- Maintain an up-to-date and user-friendly policy manual
- Execute Quality Assurance reviews
- Build and maintain a division-wide CQI system
- Establish a fidelity review process for Georgia's Practice Model
- Identify and provide performance- and workforce-related data required by business
- Establish information feedback loops and streams
- Maintain purposeful engagement with our internal and external partners for ongoing assessment of knowledge-related needs
- Continuously search for and disseminate information about workforce- and performance-related best practices

DESIGN at the HEART of the MATTER

How One Organization Used Service Design to Transform Whole-Person Care

By Tim Sheehan and Linda Pulik

Design is not only about making things look better. Good design makes them work better. That's why Lutheran Social Services of Illinois (LSSI)—the state's most comprehensive social service organization—used service design to address the health, mental, emotional, and social needs that factor into a person's wellness in an entirely new way.

LSSI worked with service design pioneer Fjord to explore how design and digital innovation could transform care coordination across a network of health and human service providers. The team developed the Whole Person Care Journey tool through a highly collaborative, co-design process.

The groundbreaking tool is a visual representation of how LSSI serves clients. Case managers use the digital application to track clients' care journeys between agencies in real time, gather analytics on overall network health, enable collaboration, communicate return on investment, and improve client compliance and accountability. Tim Sheehan from LSSI and Linda Pulik from Fjord reflect on this experience.

Illustration by Chris Campbell

WHAT IS SERVICE DESIGN?

Linda Pulik: It's an outlook and a way of applying creative thinking consistently and collaboratively across all the people who are part of the service. This can include providers, clients, patients, customers, decision-makers, and partners—even an entire community. Ultimately, service design puts people at the heart of the creative process. It's human-centered, and because of that, the ideal outcomes happen when all people that depend on the service or product feel they are heard and that their world has been made better by the design process.

WHY ISN'T SERVICE DESIGN TYPICALLY A TOP-OF-MIND TRANSFORMATION TOOL IN SOCIAL SERVICES IN THE UNITED STATES?

Linda: I think it's probably viewed by those who haven't experienced the process as a luxury reserved for the private sector. When you run an organization that's working with limited resources, it seems like an extra. There's also the fact that our work product is not necessarily familiar to all organizations working in a social service environment, which can be volatile. When leaders are focused on putting fires out, it's hard to prioritize unfamiliar approaches to manage a crisis.

However, my work within the social sector reveals an interesting dichotomy. Social service leaders are cost conscious because they need to be. But this sometimes makes them more receptive to creative approaches. For example, after I explained service design, an executive director of a nonprofit organization told me, "I'm not sure what you do, but there is something about it that makes a lot of sense with how our organization delivers services."

Tim Sheehan: I agree. In general, the challenge for this sector is a lack of orientation to the possibilities of service design. The reality is that client services, funding, clinical issues, and the like understandably dominate people's thinking. There's also the limitation of siloed funding. It's not often that we can step back and think about what comprehensive integrated services should look like.

HAD LSSI PURSUED SERVICE DESIGN BEFORE? WHAT WAS THE BIGGEST IMPETUS FOR CHANGE?

Tim: No, but our CEO, Mark Stutrud, was clear when he came in that we were going to focus on strategy and development in the midst of making multiple cuts and a reorganization. The need to maintain a future focus set the context for us and we felt that service design was a good fit.

The impetus was to keep clients at the center of everything we do as health care transformation happens. We were looking to support client services amid changing funding and service models.

Linda: I have to disagree with Tim. He is being too modest by saying that his organization had not used service design before. Service design is not something that only designers practice. We wanted to work with LSSI because their human-centered focus shares the fundamental spirit of service design.

DESCRIBE THE COLLABORATION BETWEEN THE LSSI AND FJORD TEAMS ON THIS PROJECT.

Linda: It was a very tight-knit and effective collaboration the whole way. LSSI arranged to get us access to a broad swath of people so that we could develop a multifaceted understanding of how the organization delivers services and measures return on investment.

Tim: For us, it was also very seamless. What helped was that Fjord had the right attitude and approach. They were respectful, never presumptuous, and made good communication a priority. They understood that in social services issues like confidentiality and privacy have to be recognized. But together we set up rules from the outset. From there it just clicked.

WHAT ARE THE FEATURES OF THE WHOLE PERSON CARE JOURNEY TOOL?

Tim: Most important, it is a communication tool for multiple stakeholders. It includes information about when things are going well for clients and when they experience challenges. The tool enables communication between families, payers, service providers, and other stakeholders to enable them not only to be aware, but to intervene early. It also helps us, and our case managers, to communicate the value of the services provided and identify systemic challenges.

The tool does all of this as a visual representation of a journey that can be tremendously difficult to convey in words alone. We now have a literal picture of care coordination that provides clarity that we never had before. It's the centerpiece of our view of client service and the care coordination process.

WHAT ARE YOU HEARING FROM THE CASE MANAGERS USING THIS TOOL?

Tim: They find it helpful. Particularly as we implement new initiatives, the tool is grounding and clarifying. They intuitively know this information but to actually see it and to be able

Tim Sheehan is vice president of Home and Community Services at Lutheran Social Services of Illinois.

Linda Pulik is the senior design director at Fjord Chicago—Design and Innovation from Accenture Interactive.

to communicate from the perspective of what's really happening for clients and services is validating and powerful.

We're also thinking about the next phase. How much deeper can we go with this tool? As an example, the tool might reveal that there is a shortage of housing for people with mental health issues. Closing this gap then becomes the work. Having an overarching communication tool allows us to see trends through a common point of reference for clinical barriers that have to be addressed. It's about recognizing parts of clients' lives where we need to dig in and help correct our course if something is not working.

I think it's also important to note that when you do this kind of work as a case manager, you can feel isolated or overwhelmed by the problems that people have. It's great to see the progress we're making and to have a diagnostic that shows us where we should be focusing our efforts to get needed outcomes. We can see what's working and what needs to work better.

HOW IS THIS TOOL CHANGING THE WAY ORGANIZATIONS WITHIN THE NETWORK COORDINATE CARE?

Tim: We're in the midst of figuring this out right now. We want to build on our success. We need to keep digging in deeper to discover how the tool can help us organize and communicate our own work. There's great potential to assess how we work strategically with partners and how we can all communicate better to understand and address barriers in new ways, with new clarity.

HAVE YOU RECEIVED ANY FEEDBACK FROM LSSI CLIENTS ON HOW THEIR EXPERIENCES HAVE CHANGED?

Tim: Great question. We're collecting client satisfaction data right now. This will help us look at the impact we're having from their perspective to understand how it's improving their care journey.

WHAT OUTCOMES ARE YOU THE MOST EXCITED ABOUT?

Linda: On the selfish side, I'm excited to see the impact this work has had on our studio. It's gratifying to see designers extending themselves to remain involved in design work in the social sector. I'm also eager to see how service design continues to blossom in the LSSI organization and to learn more from them about how it serves people in the real world.

Tim: It's true, in terms of outcomes, we also feel very good about the partnership that has happened with Fjord. I think the sector needs to be open to expertise from other areas that can help us recognize areas that we can improve.

In terms of outcomes from the product itself, the Whole Person Care Journey tool is at the center of our strategy as we look to the next three to five years at how we will integrate health and human services. We have had positive outcomes and we are excited to create more. The tool we developed is not ethereal. It's fully grounded in a system of care. There's a lot more we can explore.

WHAT ARE THE MOST IMPORTANT LESSONS LEARNED HERE FOR OTHER SOCIAL SERVICE ORGANIZATIONS?

Tim: It's worth the risk. There's always a downside with any initiative but the reward is much greater. The only way to find out is to try. Also, as Fjord did with us, be clear from the outset about how you're going to work, assign point people to guide the process, and stay open to outside input. Always stay focused on your mission.

Linda: Designing from the heart can have tremendous outcomes.

For more information about this service design collaboration, visit *https://www.fjordnet.com/workdetail/putting-design-at-the-heart-of-social-service-delivery/*


BABY
ON
BOARD

Ongoing Progress in Reducing Teen Pregnancy

By Jaime Muñoz, Rebecca Griesse, and Phil Basso

Across the nation the rates of teen pregnancy are dropping at staggering rates. Between 1991 and 2015 there was a 64 percent reduction in the teen birth rate.[1] While we can celebrate this accomplishment, we know that the country still faces huge disparities between race/ethnicities, socioeconomic status, geographic locations, and ages. We also see similar disparities between youth in foster care and youth not in care.

The Midwest Study found that youth in foster care were more than twice as likely to be pregnant by age 19 as youth not in care.[2] Recent data from the Children's Data Network at University of Southern California found that almost 30 percent of California youth in foster care gave birth before age 20.[3] Births to adolescents in care were 60 percent higher than the general population. The rate of maltreatment of children born to mothers in foster care was two times higher than children born to mothers not in care. And most recently, the CalYOUTH Study showed that half of young women in care reported being pregnant at least once by age 19.[4]

These alarming differences between youth in care and youth not in care highlight the need to continue a sharp focus on teen pregnancy prevention services for this population.

Illustration by Chris Campbell

Orange County, California

With more than 3 million residents, of which 23 percent are under the age of 18, Orange County is California's third most populous county, and the sixth most populous in the United States. Orange County has California's sixth highest number of youth in foster care at about 2,200, of which 42 percent are 12 to 21 years of age; and of which 14 percent are 18 to 21 years of age in Extended Foster Care.

Two years ago, Orange County joined five other counties in an 18-month learning community to reduce the rate of pregnancy among youth in foster care—the California Foster Youth Pregnancy Prevention Institute, a project of the John Burton Foundation in partnership with the American Public Human Services Association and The National Campaign to Prevent Teen and Unplanned Pregnancy.

When we started, we did not know how many youth in foster care were pregnant or parenting and we did not have a written policy to guide social workers. Over the next two years, Orange County obtained increasing clarity and we are pleased to share some key lessons we've learned:

1. Contact the experts

In addition to the John Burton Foundation's expertise in California's transition age youth in foster care, the American Public Human Services Association's expertise in organizational change and effectiveness, and The National Campaign to Prevent Teen and Unplanned Pregnancy's expertise in pregnancy prevention, the California Foster Youth Pregnancy Prevention Institute also enlisted teen reproductive health law expertise from the National Center for Youth Law, pregnancy and parenting among foster youth data expertise from the Children's Data Network, and evidence- based intervention expertise. These helped clarify urgency and authority to act and, thereby, facilitated responsibility to act.

These were especially critical during the formative stage to inform policy development and strategic planning, and to solidify local internal and external support. For example, these helped answer questions like…

- What is the prevalence of pregnancy and parenting among youth and young adults in care compared to their peers not in care?
- How do we compare with other counties?
- What is the cost of doing nothing?
- What is the cost of doing something?
- What are contributing factors?
- What are tried-and-true interventions?
- What are the rights and responsibilities of youth, their parents, and child welfare services, and under what conditions do they exist? In California, we were supported by the passage in 2014 of Senate Bill 528, which clarified child welfare social worker responsibilities and authority to support healthy sexual development of youth and young adults in foster care.

2. Keep current with up-to-date information

Reading about diverse perspectives helps develop a deep understanding of how mistimed pregnancies affect the multigenerational life trajectory; learn about engagement and intervention innovations; and keep informed about new data to consider for course adjustments.

See Appendix 1 for some of our favorite sources for additional reading.

3. Get the full picture

At the beginning, we were so singularly focused on reducing pregnancy and sexually transmitted infection that we confused this with our end goal. We then realized that pregnancy prevention was a breakthrough strategy to realize improved successful transition to adulthood outcomes (e.g., education, employment, income, and childrearing). See Figure 1, which presents this strategy from a "social determinants of health" lens.

We integrated strategies throughout child welfare practice by providing common ground, shared resources, cohesion, and deeper anchoring of the interventions. For example, we strengthened existing strategies that help youth and young adults anchor a future outlook through access to services and normalcy activity consistent with the Youth Thrive Framework, including interventions focused on sexual and reproductive health.

4. Complete a readiness assessment

Assess the political landscape, key stakeholders (e.g., internal and external leadership, social workers, youth, parents, foster and kinship caregivers), and accessible resources to identify quick wins to galvanize momentum, identify minefields, determine first steps, and develop a malleable

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Rebecca Griesse is senior manager of Programs at The National Campaign to Prevent Teen and Unplanned Pregnancy.

Phil Basso is the deputy executive director of the American Public Human Services Association.

Figure 1: Pregnancy Prevention as a Breakthrough Strategy for Successful Transition to Adulthood

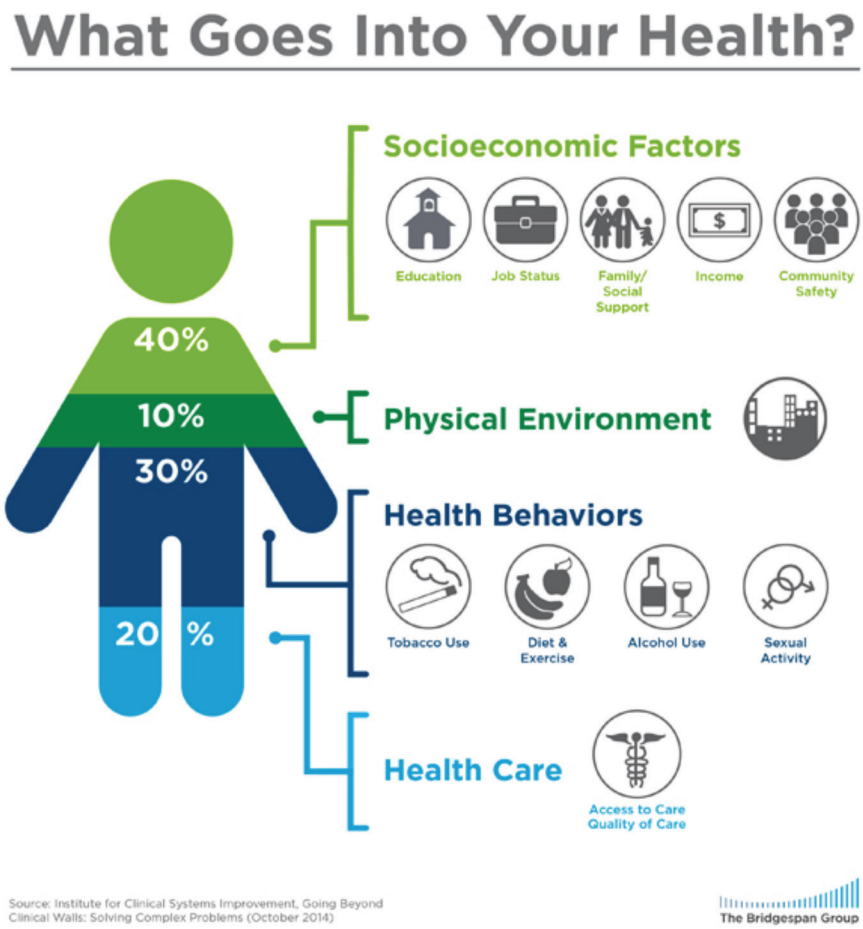
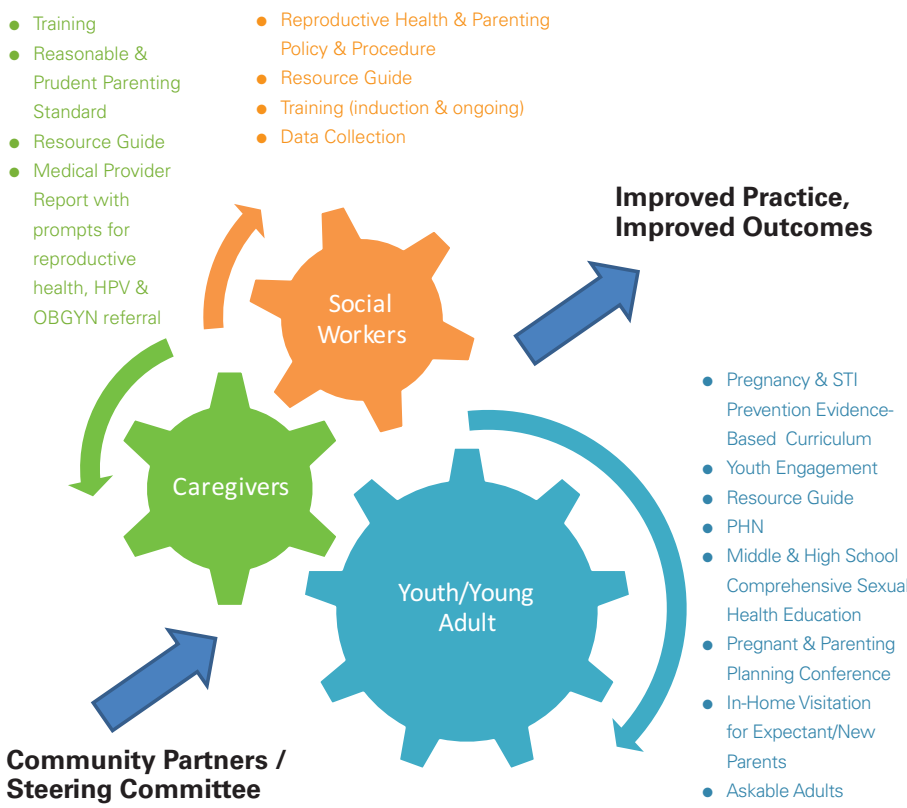


Figure 2: Starting Points



multiphase plan with built-in agility for swift course adjustment as indicated and congruent with evolving readiness, capacity, momentum, and landscape.

See Figure 2 for the starting points. We focused on areas of immediate influence and oversight authority: social workers, foster and kinship caregivers, and youth and young adults in foster care. These starting points also laid the pathway for pregnancy prevention as a breakthrough strategy for successful transition to adulthood (see Figure 3).

5. Identify and cultivate dedicated leaders

Identify a group of internal and external champions to spearhead planning, mobilize resources, troubleshoot, study lessons learned along the way, adjust course, pursue emergent opportunities, and guide and anchor advancement. This requires passion, sustained attention, specialized skillsets, influence, consistent participation, and lots of time.

We established a three-level oversight structure to optimize the harnessing of momentum, broad support, and sustainability. Each group level maintained a structured meeting and written communications schedule to monitor progress, adjust course if indicated, celebrate successes, troubleshoot challenges, and sustain meaningful engagement.

- We convened a larger external Steering Committee of community partners representing the juvenile dependency court; education; housing; foster youth; public health; child welfare social workers, supervisors, and managers; foster and kinship caregiver education; policy advocacy; research; transition age youth service providers; early childhood in-home visitation providers; mental health; and funders. This group was tasked with developing the strategic plan, developing policy, guiding implementation of recommendations, and overseeing continuous quality improvement.

See Teen Pregnancy on page 40

By Daniel Pollack

Adoption Attorneys and Human Service Departments: Working Better Together

The July 2015 Adoption and Foster Care Analysis and Reporting System (AFCARS) report[1] indicates that there were 50,644 children adopted with public child welfare agency involvement during the fiscal year. Many of those adoptions took place with minimal assistance from a private adoption attorney; but in many others a private adoption attorney was significantly involved. How can private adoption attorneys work more effectively with public human service departments? This question was posed to a half dozen seasoned adoption attorneys, all members of the American Academy of Adoption Attorneys. Here are their insights.

Jeanne Tate, Florida

We need to keep focused on a few important statistics. As of September 30, 2014, there were an estimated 415,129 children in foster care. More than 30,000 children in foster care age out of the system every year. These young men and women leave foster care not because they were reunited with their families or adopted, but simply because they were too old to remain in care. The percentage of youth that age out of foster care is increasing. In 2000, the percentage of exits due to aging out was 7 percent. In 2009, 11 percent of the children who exited foster care aged out.

Approximately 50,000 children will remain in foster care for 5 years or more.

Of our foster care population:

- 12–30 percent struggled with homelessness;
- 40–63 percent did not complete high school;
- 25–55 percent were unemployed; those employed had average earnings below the poverty level, and only 38 percent of those employed were still working after one year;
- 30–62 percent had trouble accessing health care due to inadequate finances or lack of insurance;
- 32–40 percent were forced to rely on some form of public assistance and 50 percent experienced extreme financial hardship;
- 31–42 percent had been arrested;
- 18–26 percent were incarcerated; and
- 40–60 percent of the young women were pregnant within 12–18 months of leaving foster care.

These numbers tell lots of stories—one at a time.

Susan Eisenman, Ohio

Families seeking to adopt have a focused and highly personal interest. They are launching off on a brave new adventure. This is the only child or children with whom the family is concerned. They will want to ensure that they have the resources and information necessary to parent the child going forward. They are concerned and anxious. The family may feel a special urgency to move ahead with the placement and finalization. They are future oriented.

The agency sees the adoption as a capstone event. It is the conclusion of its work with the birth family.

See Adoption Attorneys on page 36

Photo illustration by Chris Campbell

By Daniel Pollack

Client Safety: What Does "Line of Sight" Mean?

Photo via Shutterstock

When caring for vulnerable clients, adult supervision is a must. Indeed, some situations demand that clients be kept directly in a "line of sight," and regulations and training manuals frequently use this phrase. For instance, New Jersey's Department of Children and Families, Division of Children Protection and Permanency, describes a program called Intensive Residential Treatment Services as "a highly structured non-hospital based treatment setting that brings comprehensive and specialized diagnostic and treatment services to youth and their families. The youth approved for these programs require exceptional care on a 24/7 basis in a safe environment with continuous line of sight supervision, medication management, and a concentrated individualized treatment protocol."[1]

In the criminal context, courts have found that a police officer's "use of deadly force to be reasonable when a suspect moves out of the officer's line of sight such that the officer could reasonably believe the suspect was reaching for a weapon."[2]

In the context of caring for vulnerable clients, what exactly does line of sight mean? Does line of sight mean a staff person must be looking at the client all the time, or does it mean a client is simply able to be seen by a staff person? The difference is not just semantic. The first requires that the client always be in the vision of a staff person. The second connotes that a staff person has an unobstructed view of the client, the client can be observed even in just the staff person's peripheral vision, but the staff person is not necessarily constantly looking directly at the client. Thus, activities may be conducted in rooms with unobstructed glass windows or with the door to the room remaining completely open. In an outdoor setting, activities are conducted within the general vision of a staff member.

Rather than pronouncing one definition correct and the other incorrect, it is more accurate to conclude that there is a range of definitions, including the idea that a staff person must always have a general—passive—line of sight, but must also have direct—active—visual contact with a client at designated frequencies.

When I was an attorney for the Ohio Department of Youth Services, the department that operates Ohio's juvenile prisons, we developed a clear policy for suicidal youth: When a child was a known, recently active, suicide risk, he was placed in a cell adjacent to a correction officer's post, and, for a specified period of time, a corrections officer always watched that child.

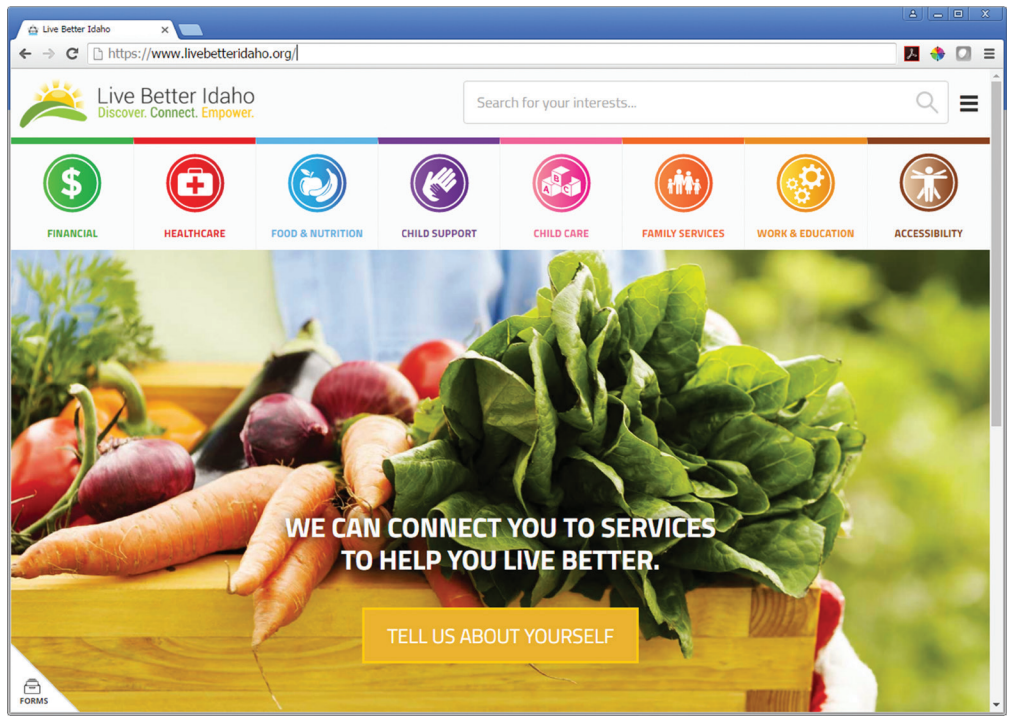
See Client Safety on page 42

technology speaks

By Lori Wolff

Idaho Simply Seeking to Help Families 'Live Better'

Ask yourself this…"what is the role of a health and human service agency?" The list of administrative responsibilities is a mile long but when you think about what we are trying to do, it is fairly simple…we are here to help families "Live Better."



Each family seeking help has a unique set of circumstances that limits that family or individual from reaching self-sufficiency or stability. It might be health issues, job opportunities, child care, substance use disorders, affordable housing, education, training, or many other factors. The problem is not that the services or programs don't exist to address these multiple challenges, but rather our ability to connect people to them. There are a plethora of services in our states designed to address these challenges for families. Through state and federal agencies, nonprofit organizations, local community programs, and faith-based organizations, many services have been designed to help children, adults, disabled individuals, veterans, seniors, and other vulnerable populations. Providers need a better way to reach those seeking their services.

Creating a connection between families and individuals and services typically takes two forms: people travel to different locations and interact in many ways or agencies integrate services in a single location in an effort to serve all who come looking for help. Both connection strategies require herculean effort by the family or the agencies, yet neither is very effective. We must approach solutions from a multigenerational and a multiservice approach and we must connect families with a unique set of services that address their own special circumstances. Without this right combination of services, families and individuals may be missing the key ingredients to their own successful transition to stability.

Live Better Idaho *(livebetteridaho.org)* provides a simple way to connect people to services. It is designed from a customer-centric perspective with a vision that our community members feel *empowered to discover* services within their communities to improve their lives. Families or individuals should be able to walk into any agency at any location and connect to the existing umbrella of services that exist to help their unique situation.

A few key principles guided the development of Idaho's *livebetteridaho.org* solution:

- Create **simple navigation** to allow customers **to take actionable steps** to access services
- **Organize content** with an **intuitive customer-centric design**
- **Organize services** to help customers **discover programs and services that fit their unique circumstances**
- Allow **content owners to create and maintain their own content** with minimal administrative overhead
- Ensure use of the **website is intuitive** and agencies can **use the content to help anyone**

See Idaho on page 34

ISM Announces 2016 Award Winners

A major highlight of this year's 49th Annual IT Solutions Management (ISM) conference was the Recognition Awards. Winners were announced and awards presented during a special luncheon on September 19. These awards recognize the outstanding work state and local governments are doing—using technology to make a difference in human service programs. The awards are divided into four categories:

Innovation in Service Delivery recognizes the innovative use of technology to enhance and expand service delivery. Human services are being delivered in nontraditional places and these new options would not be possible without the intelligent application of information technology.

The winner is the County of Los Angeles, Department of Children and Family Services' *Mobile Client Portal Project*. The Mobile Client Portal (MCP) Project is a mobile web application designed and developed to give Los Angeles County children's social workers (CSWs) easy, safe, and secure access to children's records regardless of location—in the office or in the field, conducting a family visit or an investigation. The MCP application gives CSWs the flexibility to be more productive and efficient by allowing electronic forms and signatures, automated capturing of notes, and the ability to upload photos directly. Implementation of the MCP allows CSWs more time with clients and helps to ensure and improve child safety, permanency, and service.

Application of New Technologies recognizes the use of emerging technologies in human service organizations, both state and local. New technologies include those that have either recently come into the marketplace or were not previously used in the human service field.

The winner, from the city of Toronto, Canada, is *WoodGreen Community Services Housing Opportunities and Marketplace Exchange (H.O.M.E.) Project*. The H.O.M.E Project created a secure portal and application to match refugees entering Canada with vitally needed assistance, including housing, goods, and services. By leveraging a combination of technology platforms and solutions, it was possible to have the application ready in four weeks, which provided thousands of refugees with immediate access to critical services.

Collaboration Across Boundaries recognizes the use of technology to support collaboration and/or integration that crosses traditional program or organizational boundaries. It is increasingly being recognized that in order to be effective, human service programs must be better coordinated with each other as well as with other programs, such as criminal justice or education.

The award winner is the New Hampshire Department of Health and Human Services *Long Term Services and Supports Medical Determination Digital 360 Workflow Project*, which designed and streamlined digital end-to-end workflow that orchestrates tasks and handoffs in real-time with transparency across all stakeholders. Each and every task is completed digitally using a web application. Implementation of the 360 Digital Workflow Project replaced complicated, disjointed, time-consuming, and opaque processes across multiple stakeholders with an automated and streamlined process. This process connects clients, health care providers, community partners, and department staff in real time, thus improving client access to services and reducing costs.

Jerry Friedman Excellence in Leadership Award. This award was added to our list of recognitions in 2014 to recognize an individual who has demonstrated a clear understanding of the fundamental role that information technology can play in efficient and effective operation in the field of human services. It honors innovative leadership that has promoted sound information technology solutions, policies, and practices. This is the only award that is open to all sectors: federal, state, and local government; nonprofits; universities; and private-sector entities.

This year's winner is *Sherry Bradsher, Deputy Secretary, North Carolina Department of Health and Human Services*. Sherry Bradsher had a vision. When she joined North Carolina's Department of Health and Human Services (DHHS) in 1999 after working at the county level, she initiated and led a project to simplify and standardize the many processes used by North Carolina's 100 County Departments of Social Services. The project's goals included addressing families' needs in a more holistic way, allowing caseworkers to spend their time serving those needs more effectively and combining administrative program costs to allow for efficiencies.

The project eventually became North Carolina Families Accessing Services through Technology (NC FAST), which will replace 19 legacy systems with one unified, online solution for determining and delivering benefits to families in need. Social service programs include SNAP, Medicaid, TANF, Child Care, Refugee Assistance, LIHEAP, Child Welfare, and Aging and Adult Services Programs.

Bradsher began her career with DHHS as a social worker 30 years ago and has held numerous positions at the county and state levels. She recognized that innovative IT solutions would allow the department to rethink its business processes and focus on what is really valuable—serving North Carolina families. Throughout

implementation, she stayed true to the principles of the program, creating a better environment for workers, easing family interaction with DHHS, and maintaining cost-effectiveness for taxpayers. Her leadership and commitment to a program that serves the greater good resulted in the NC FAST team enjoying a sense of enhanced integrity and value, and experiencing increased success overall.

Congratulations to all of this year's award winners!

NAPCWA Comments on Proposed Education Regulations

APHSA and the National Association of Public Child Welfare Administrators (NAPCWA) submitted a comments letter in response to the Notice of Proposed Rulemaking (NPRM) on the Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act: Accountability and State Plans. The new law includes important provisions and protections for children and youth involved with the public child welfare and juvenile justice systems. NAPCWA noted a shared commitment with the Departments of Education and Health and Human Services to attentively improving educational stability and academic outcomes of children and youth in foster care, and the recognition of the joint responsibility of education and child welfare agencies to continuously collaborate for the success of these efforts. NAPCWA's comments included recommendations on:

- School of Origin, noting that the final rule firmly should clarify that the child welfare agency is best positioned to make the final best interest determination and that school transportation costs cannot be factored into that decision;
- Designated Point of Contact so that the roles and responsibilities of points of contact in both agencies are defined;
- Transportation, specifically, adding language to proposed regulations to clarify how disagreements regarding funding for transportation will be resolved to preserve continuous education stability; and
- Disaggregated Data Collection and Reporting should include standardized criteria for the adjusted cohort graduation rates.

NAPCWA Hosts Member Site Visit for ACYF

APHSA and the Colorado Department of Human Services hosted a meeting with Rafael López, commissioner, Administration on Children, Youth, and Families (ACYF), and Region VIII staff to highlight the state's initiatives to improve outcomes for foster youth, including the department's efforts to improve educational stability for foster youth and collaboration with the Mile High United Way. Dr. Elysia Clemens from the University of Colorado presented research from the Colorado Study of Students in Foster Care. The study found a correlation between placement changes (or mobility) for foster youth students and high school graduation rates.

Attendees joined participants from the United Way's Mile High Bridging the Gap (BTG) program. Youth participants led the luncheon discussion about BTG and their experience with state and local child welfare systems. Through Independent Living Coaches, BTG works with young adults who were once served by the child welfare system to secure housing and other supportive services as they transition to adulthood.

There were also presentations on the agency's Title IV-E waiver demonstration and programs for youth in transition. Commissioner López highlighted Colorado's educational stability work in a recent blog post *(http://www.acf.hhs.gov/blog/2016/07/increasing-the-educational-stability-of-students-in-foster-care)*.

NAPCWA Policy Associate Presents at Youth Retreat

Lexie Gruber, APHSA Policy Associate for Children and Families, delivered the keynote address at the University of California, Merced's Fostering Scholars Retreat. The retreat is part of the Guardian Scholars Program, a comprehensive program that supports foster youth during their post-secondary education years. The annual event includes educational and motivational workshops, sessions on advocacy and foster care policy, college information sessions, and science experiments.

Gruber shared her personal foster care background and current professional child welfare advocacy work as a firsthand account of the importance of college and staying committed to achieving one's dreams. She also provided youth attendees with resources on federal programs that support foster youth in college, including services and supports through the Chaffee Independent Program.

NASCCA Hosts Learning Session at 2016 Meeting

The National Association of State Child Care Administrators (NASCCA) and the State Child Care Administrators Network Listserv hosted a peer-to-peer session for state and territory child care administrators. The learning session provided attendees with an opportunity to discuss emerging topics with the most pressing issue leaders are facing—implementation of the Child Care and Development Block Grant (CCDBG) Reauthorization of 2014. The session provided professional development for new leaders assuming responsibility for implementation of CCDBG's new reforms, as well as networking and sharing best practices and innovations. Topics of major priority for participants were the requirements to complete waiver requests to extend the timeline for implementing new requirements and working with providers on meeting the new health and safety requirements. NASCCA will publish a convening summary from the meeting on the affiliate's website.

APHSA sponsored the joint session one day before the Administration for Children and Families 2016 State and Territory Administrators' meeting.

Deputies Plus Initiative Creates Peer Community

APHSA's Deputies Plus initiative creates a peer community for executives at the deputy, chief of staff, or senior leadership level. As a part of this peer community, members

have access to tested resources and a growing network of peers across the country who share similar responsibilities and challenges.

Based on recent feedback from the current Deputies Plus group, APHSA is hosting monthly events focused on the group's top priority areas, including Recruitment and Retention, Technology and Data, and Practice Models. For more information or to get involved, contact Jessica Hall, Communications Manager, at *jhall@aphsa.org.*

APHSA Launches Center for Child and Family Well-Being

APHSA's *Pathways* initiative calls for a stronger, more sustainable human-serving system that, like a well-built home, starts with a solid foundation and quality construction so that all children can develop and live to their full potential. Reaching this full potential requires us to focus on families, communities, and the larger society and how each of these factors impacts and interacts with the others.

To accomplish this, APHSA is establishing the **Center for Child and Family Well-Being**, which will support and connect our members and partners who share responsibility for healthy child development, preserving and supporting families, and empowering communities. Our work also requires carefully accounting for various environmental factors that affect individuals, including Social Determinants of Health (SDOH). SDOH are the circumstances in which people are born, grow up, live, and work that affect their capacity and well-being. By considering these unique circumstances, the Center will advance strategies that support fairness across places and boundaries, understanding that one's life course—the biological, behavioral, psychological, and social factors that shape outcomes across a person's life—is fundamental.

The Center for Child and Family Well-Being, the National Collaborative for Integration of Health and Human Services, and the Center for Employment and Economic Well-Being are APHSA's three **"collaborative centers."** These platforms are creative teams of members and partners organized around the impact areas identified in our *Pathways* initiative to

1. develop, advance, and influence campaigns for policy change;
2. elevate innovations and solutions;
3. develop tools and guidance for the field;
4. leverage our organizational effectiveness practice to strengthen the drivers of general organizational readiness, continuous improvement, and performance;
5. shape and spread key messages using framing science; and
6. test and refine emerging applications.

For more information, contact Christina Crayton, Assistant Director, Policy and Government Affairs, at *ccrayton@aphsa.org.*

CECANF continued from page 5

information-sharing, and real-time data sharing. Each of these actions advance key CECANF recommendations for better data collection and data sharing across agencies.

The introduction of new legislation on Capitol Hill mirrors a number of commission recommendations. The Family First Prevention Services Act of 2016, passed by the House of Representatives in June (slated for Senate vote in September), includes provisions that reflect the commission's findings and recommendations and could lead to greater reform of the child welfare system in some important areas, including delivery of more upstream prevention services and the requirement of state fatality prevention plans.

On July 14, the Senate passed the Comprehensive Addiction and Recovery Act, which now goes to the President for signature. The new act amends the Child Abuse Prevention and Treatment Act to create specificity in infant safe care plans.

Policy change is also occurring at the state and local levels. At least 21 jurisdictions are currently implementing or considering implementation of the commission's recommendations. Areas covered include state plans to address fatalities, using data to prevent fatalities, responding differently to hotline calls for young children, responding to near fatalities, taking a public health approach to fatality prevention, sharing information in real time, and disclosing information about child deaths.

Most recently, the National Governors Association announced an 18-month technical assistance effort to help participating states develop an integrated and comprehensive child fatality prevention plan by aligning the executive, legislative, and judicial branches of state government. Eight states are taking part in the pilot effort.

In the frontispiece to their report, the CECANF wrote: "Imagine child welfare in the 21st century … where children are safe and families are strong and where prevention of child abuse and neglect deaths is a reality."

As we see the changes being implemented across the country, it is increasingly clear that this vision of a 21st century child welfare system is, indeed, within our reach.

***Lexie Gruber** is a policy associate for children and families at APHSA.*

***Amy Templeman** is the director of Within Our Reach at the Alliance for Strong Families and Communities.*

staff spotlight

Name: Lexie Gruber

Title: Policy Associate, Children and Families

Time at APHSA: Seven months

Life Before APHSA: Immediately before coming to APHSA, I was working at First Focus on child welfare, child care issues, and on their communications strategy. I was also an advocate for child welfare reform, a role I am continuing at APHSA today.

Priorities at APHSA: My current priority is working with our members on the Family First Act. I am also helping to lead the APHSA Taskforce on Refugees and Unaccompanied Children.

What I Can Do for Our Members: My goal is to continue to facilitate communication with our members and stakeholders, such as Congress and the Administration, to answer their questions, provide clarification, and inform efforts related to child welfare and child care legislation and regulations. I also work to provide opportunities for our members to connect with each other and offer engagement opportunities.

Best Way to Reach Me: I can best be reached by email at *lgruber@aphsa.org*.

When Not Working: When I am not working at APHSA, I provide consulting services to the Children's Bureau on various child welfare issues such as reducing reliance on congregate care, preventing sex trafficking, and on the National Youth in Transition Database. I also spend my free time working on a campaign founded by my friend, Sixto Cancel, and I engage foster youth voice and perspective in the 2016 presidential campaign. And when I'm not doing that, you can find me speaking across the country using my own experiences in the foster care system to inform stakeholders and empower current and former foster youth.

Motto to Live By: "Life is not waiting for the storm to pass. It is about learning to dance in the rain."

IDAHO continued from page 30

- **Design outreach and actionable steps** so they can begin **from any location or any agency**
- **Implement solution with light-weight technology** allowing full integration for all services
- Allow content providers to **organize and share their services at no monetary cost**
- Provide a **cost-effective solution** with reduced governance and administration

Through these key principles in our design strategy, we have created a customer experience that allows individuals to search and discover services that exist in their communities without reference or preference to an agency or organization. It provides clear steps to connect to these services without having to navigate multiple websites or visit multiple offices. A family can learn how to apply for Supplemental Nutrition Assistance Program (SNAP) services, discover the closest farmer's market, and find a summer food site all at one location. Another family can see what jobs are available through the Department of Labor while also connecting to local community colleges to receive a GED (general educational development). Live Better Idaho provides the opportunity to leverage and combine resources, agencies, talents, and services into one location for the betterment of families...essentially creating a virtual one-stop in every service delivery location in the state.

The *livebetteridaho.org* website was procured through a competitive bid software-as-a-service agreement and leverages the open source Drupal Content Management System and is hosted securely on Amazon Web Services. The customer interaction is improved through user interface customization and mobile optimization, and a robust authoring function enables providers to manage their service offerings and perform interactive customer contact through event (calendaring) and notification (email, text) features.

Live Better Idaho is the simplest, yet most revolutionary way to address some of the largest challenges we as agencies have faced for years, and it does it with simplicity. Live Better Idaho highlights the reality that the solution to some of the toughest problems families face are not found in one agency, but found in all of us. This creates a clear path for families to discover the right service(s) that will help them "Live Better."

***Lori Wolff** is the administrator of the Welfare Division at the Idaho Department of Health and Welfare.*

AUTHENTIC VOICE continued from page 10

TRANSPARENCY AND TRUST

To meet the goals of this project, all parties must trust not only in the process, but their partners and colleagues. That begins with the funder. According to Jacobs, "PCORI asks that patients and family members and the people who are being studied actually have a say in the research. They want to know what questions are being asked and if we are doing it in a way that they can use that information to make it applicable to the lives of other older adults. That is innovative and pushing the envelope."

Most important to the project is establishing trust. At Jewish Family Service of Los Angeles, the peer training focuses on cultural sensitivity and formation of a partnership between the peer and the older adult. Says Castro, "Peers are encouraged to view the people they are visiting in a comprehensive way, as people with strengths, a rich past, and a lot to offer. Peer support is a partnership and the peer benefits greatly from the relationship as well."

To ensure a trusting relationship is established between the researchers and community partners, the Alliance has served as "cultural brokers" to facilitate transparent communications and learning between the academic and community partners. For example, the Alliance facilitated an informational meeting between long-term health care providers in the West Palm Beach, Florida area and AJFCS to learn about the research.

IMPACT AND ACTION

For Jacobs, the potential impact of Effectiveness of Peer-to-Peer Community Support to Promote Aging in Place includes influence. "Ideally, we will find a significant impact in peer-to-peer support over the usual care in the community in terms of the way the older adults feel about their ability to age in their homes. That evidence can then be used to advocate for funding to disseminate and implement in the most helpful places. Plus, we have a mechanism to ensure it is being disseminated effectively and that the services are working well—due to the data we have collected authentically. Ultimately, we believe that this will also be of financial benefit to older adults and the communities where they live," she says.

This project could offer many older adults the option of aging in their home with dignity because throughout the project, at all levels, authentic voice was inherently embedded, as it is in human-serving organizations.

"Authentic voice is part of who we are; it's in everything we do in a conscious way," says Frumer of AJFCS. "This project is another example of our mission to strengthen communities, which means we are really focused on hearing these nuances that people present to us."

Pinsoneault agrees, "Authentic engagement isn't just about hearing opinions and getting feedback from the people we seek to serve. It is about working alongside people rather than on their behalf, to truly understand their lived experience, and to build on the assets that already exist to create a better future."

The agency has many children on its caseload and may not feel the same sense of urgency as the family. The agency's focus is less intense. It may be less concerned about long-term issues and more concerned with tying up loose ends. The agency has seen lots of special needs kids and takes special needs as par for the course. It is rooted in the present. Most agencies do not focus on postplacement needs.

Recognizing this difference in perspective will help both parties work together more smoothly and meet each other's expectations and needs. It is helpful for agency staff to allow themselves to experience anew the "miracle of adoption." It is equally helpful for the adoptive parents to realize that adoption is a complex legal process and that patience is necessary.

The adoption attorney can often be of assistance in aligning families and the agency onto the same path as they work through the process. This can be a valuable contribution.

Seth A. Grob & Timothy Eirich, Colorado

We represent many foster parents, relatives, and other third-party caregivers involved in child welfare cases. The types of cases we often handle include contested placement hearings, contested adoptions, adoption subsidy negotiations and administrative fair hearings, and adoption finalizations. Far too often, our clients come to us having been ill-advised by local human service departments that they have no legal rights, should not go to court, and should refrain from retaining private counsel and otherwise participating in the legal process.

From our perspective, these third-party caregivers, who have often cared for children for lengthy periods of time, have critical information regarding the children's care, custody, and protection. Rather than disenfranchising these caregivers, caseworkers should be encouraging them to actively participate in the legal proceedings, including consulting or retaining private counsel. This is particularly true where these third parties believe the child's interests are not being effectively advocated or that their concerns are not being given sufficient weight or consideration.

In Colorado, as in many states, relatives and foster parents have a statutory right to intervene in the dependency and neglect proceedings. Our State Supreme Court, in *A.M. v. A.C.,* 296 P.3d 1026, 1033 (Colo. 2013), has stated that foster parent intervention means that foster parents are "afforded the same degree of participation as all other parties" and thus may advocate for what they believe is in the child's best interests through filing motions and fully participating in hearings by calling witnesses, making arguments, and questioning other parties' witnesses. The underlying notion is that by allowing all parties equal access to the courts, judges will make better, more informed, and deliberate decisions, often affecting children for the rest of their lives.

Empowering prospective foster parent and relative intervenors to fully participate in legal actions through private counsel of their own choosing is a paradigm shift for many involved in the child welfare system. By encouraging such legal action by third parties, however, these prospective intervenors can: (1) more easily provide current and often important information to the court; (2) object to an imminent and sometimes arbitrary removal of their foster child; (3) better understand and pursue a permanent legal arrangement with their foster child, whether it be an adoption, guardianship, or permanent custody; (4) seek more timely placement with a relative when appropriate; and (5) seek meaningful public benefits, including adoption subsidies for the child. Through better advocacy for foster parents and relatives by private counsel, children will be the ultimate beneficiaries. They will be less subject to being indiscriminately moved, will achieve permanency within a timelier period, and will ultimately receive higher levels of support and benefits.

Denise Bierly, Pennsylvania

With passage and implementation of the Adoption and Safe Families Act of 1997, thousands of adoptions of children and youth from the foster care system are occurring in every U.S. state and territory each year. After parental rights have been terminated, each adoption requires close collaboration between the lawyer finalizing the adoption and the social work team tasked with moving the child to a permanent home. How is this collaboration working? As with any team approach, some cases are smooth and efficient and some choppy and prolonged. Is there a way to achieve a consistently good outcome for children, who are, after all, the beneficiaries of this multidisciplinary work?

As the director of adoption for the American Academy of Adoption Attorneys and a lawyer with a private adoption practice for more than 25 years, it is clear that we, as a community of adoption professionals, can do much more to ensure children and families in foster and adoption cases benefit from a consistent and streamlined process. One way to standardize the melded services required to reach the court finalization day is to create a basic checklist. While the checklist is likely to vary from state to state, here are some uniform ideas:

1. Hold an in-person meeting between the lawyer and social worker, ideally with the adoptive family present for half of the meeting. This meeting should occur prior to the court case being filed.
2. Establish, in writing, hard and realistic deadlines for filing legal documents, and for delivering home studies, post-placement reviews, and signatures on Adoption Subsidy Agreements.
3. Hold brief check-in calls or emails every three weeks until the adoption is finalized.
4. Have honest conversations with the child, his or her therapist, and the adoptive family resource about the pace of finalization. Should it be slowed down?

5. Use a plain-word explanation of the process of testifying in a court of law. Review and practice the questions (and answers) with the social worker, the parent(s), and especially the child if he or she will testify.

At a minimum, this short checklist will increase the quality of services to youth and their adoptive families. As the lawyer and social worker teams engage in intense collaboration in multiple cases, a natural outcome should be an increase in trust and collegiality among the professionals processing an adoption finalization.

Harvey Schweitzer, Maryland

A skilled, experienced private adoption attorney can be helpful to public child welfare agencies involved in seeking permanency through adoption of foster children and, at the same time, serve as an effective and zealous advocate for the adopting foster parents or, in some cases, the child or adoptee.

Two issues come readily to mind. First, ensure that the foster parents (and by extension the child) obtain the best possible adoption subsidy. The services and benefits embraced by a subsidy can be complex and the needs of children are so different it would seem that the agency would welcome the presence of a knowledgeable advocate who can guide the adopters during the negotiations. Second, assist the adopters and the child in adoptions of older children, when discussing "post-adoptions contact" issues, including whether to even consider it and, if so, how it will be implemented.

Another role that a private attorney can play concerns strategic planning in unusual or contested adoptions. Private attorneys can be expected to bring an outside-the-box mentality to such situations, whereas the agency lawyer may be constrained with regard to the options available. For example, in some states the law allows the agency to seek dismissal of the foster case so that the (former) foster parents can seek a private adoption. Although rare, this approach can be useful in nonsubsidy intrafamily adoptions or in situations in which the agency is pressing the adopters to accept post-adoption visitation to avoid a trial.

Genie Miller Gillespie, Illinois

As an adoption attorney representing foster parents, it is imperative to have a good relationship with the "front-line" caseworkers and their supervisors in the case. It is the attorney's job to ensure that the Adoption Assistance Agreement (subsidy)—the contract entered into between the adoptive parents and the child welfare agency—completely and accurately describes the child's background and unique needs, all current services, and the potential need for future services. The only way to do this well is to work with the family's caseworker and gather as much information and documentation as possible so any potential future needs of the child can be "tied back" to the current or pre-existing needs. This will allow the adoptive family to go back to the child welfare agency to request additional services, should the child need a service that is not covered by the medical card or available through the school. Often, the caseworker does not have all of the necessary documents (medical records, therapy reports, education plans, etc.), and sometimes does not share what they do have with the prospective adoptive parents for fear of "scaring" the adoptive parents. It is unacceptable for prospective adoptive parents to be missing any information that will help them provide the best care and be a strong advocate for their adopted child. The attorney and the caseworker must work together to make sure the family gets all of the tools necessary to make the adoption a success.

Reference Note

1. *http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf;* This report reflects all AFCARS data received as of July 9, 2015 related to AFCARS reporting periods through September 30, 2014.

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DIRECTOR'S MEMO continued from page 3

can take in with life's stresses. If we constantly portray our work through the lens of a crisis, the default thinking of most Americans will be that there is nothing that can be done to fix it.

Effective framing leads to thematic storytelling to show how "connected communities" have better outcomes and helps us ask the right questions from the start.

What Can Reframing Do for Us?

Framing can help us provide a wide-angle view of human services that brings policymakers together and involves everyone in shaping solutions that are focused on health and well-being for all Americans. It can help create an understanding of the ecosystem that shapes the interconnectedness of systems and services in a community and connect all of us who live there (like tracks connecting a rail system). It can help us focus on the structural and systemic causes of poor health and lack of well-being and address issues of inequity. Effective framing leads to thematic storytelling to show how "connected communities" have better outcomes and helps us ask the right questions from the start—How are our children doing in school? How connected are families to their community?

Check our Blog at *www.aphsa.org* and upcoming issues of *Policy & Practice* for more tips, including how to create an effective frame. We also encourage you to check out the FrameWorks Institute website at *www.frameworksinstitute.org.*

Tracy Wareing Evans

MANAGING KNOWLEDGE continued from page 19

appointments thoughtfully assessing "what is," purposefully avoiding any knee-jerk reactions. Results? Well, among others, a determination that while comprised of committed, hard-working, and passionate staff, DFCS's state office was not bringing the level of value-added business support required to achieve best-in-world status. So it was time for a "rewire." That was one year ago. Now back to the KM function.

Shortly after the determination was made to rewire, Lee Biggar was offered and gladly accepted the opportunity to take on the newly created role of director of KM. The initial charge was pretty straightforward: develop a KM section that, when fully operational, would provide value-added business support to Field Operations and fully tap the potential of cross-functionality. Development has been underway for a little more than a year and while there is a way to go, much has been accomplished. Evidence of this is found within the section's charter, which was finalized and approved by leadership this past April.

The charter lays out the section's vision, mission, goals, and objectives—all of which are consistent with a commitment to bringing value-added business support to Field Operations.

The charter introduces the results of the rewiring efforts—all of which are consistent with a commitment to leveraging the full potential of cross-functionality. The section is comprised of five interrelated Units; Policy and Regulations, Education and Training, Data, Quality Assurance, and SHINES (DFCS's child welfare information system). Contained in the charter is a detailed description of the make-up, duties, and responsibilities of each unit. Also contained is a listing of some of the many benefits that result from the cross-functionality that exists between units inclusive of:

- Alignment of policy and training-related deliverables that fosters consistency in practice, clarity about performance expectation, and development of a knowledgeable and skilled workforce
- Integration of SHINES application and subject matter training that results in substantive documentation of case planning, justification for key decisions, and availability of useful data to generate performance management/improvement reports
- Fully informed SHINES enhancements leading to improved usability and less time needed "on the computer"
- Development of training interventions that address performance deficits identified through multiple quality assurance reviews and trend analysis processes
- Continuous quality improvement efforts informed by accurate, relevant, and visually appealing data

Strengthen *capacity of Field Operations*
by
Providing *value-added support and services*
to
Achieve *desired performance outcomes related to safety, permanency and well-being*

The charter, which has been widely disseminated across state office and field operations, is a document that serves to inform. But it's much more than that. It's a document that the department's KM section staff—165 strong—take pride in "bringing to life" each and every day as they work to manage and mobilize knowledge forward throughout the division. The section will continue to evolve as a catalyst for the development of a true learning organization, where continuous learning, practicing, and mastering of skills lead to a competent workforce and positive outcomes for children and families in the state of Georgia.

Reference Notes
1. *http://aphsa.org/content/APHSA/en/pathways/INNOVATION_CENTER.html*
2. *http://aphsa.org/content/APHSA/en/pathways/NWI.html*

JOBSEEKERS continued from page 15

a severe and persistent mental illness. FCC partners with the state's Division of Vocational Rehabilitation to include SE as one of the services CSP offers. In Vermont, the Jump On Board for Success (JOBS) program provides SE and intensive case management for youth with mental illness. Vermont's Division of Vocational Rehabilitation works in partnership with the Department of Corrections, Department of Health's Division of Mental Health, and the Department of Children and Families in 11 sites around the state. You can learn more about these programs by visiting their websites.

We must build relationships to provide comprehensive services.

We have established that mental health and well-being is an important factor in succeeding in the workforce, and that likewise, meaningful work contributes to mental health and well-being. Every human service customer is a unique, complex individual influenced by contextual barriers and person-level determinants that affect their work life and their health and well-being. This is precisely why regardless of the "door" through which a customer enters the human service system—whether it be a mental health and substance abuse services office, a one-stop American Job Center, or a public benefits office—their desire and ability to work and their mental health and well-being should both be considered, and their strengths, challenges, and short- and long-term needs in these areas should be addressed. This can only be achieved when the various human service agencies consistently work closely together in pursuit of common outcomes.

To learn more about best practices for serving jobseekers with mental health or substance abuse conditions, including Supported Employment, visit the APHSA Center for Employment and Economic Well-Being's online resource library.

Reference Notes

1. Drake, R. E., Bond, G. R., Goldman, H. H., Hogan, M. F., & Karakus, M. (2016). Individual placement and support services boost employment for people with serious mental illnesses, but funding is lacking. *Health Affairs,* 35(6), 1098–1105; National Alliance on Mental Illness [NAMI], 2014).
2. Mental Health America. (2014). *Impact of toxic stress on individuals and communities: A review of the literature*. Retrieved from *http://www.mentalhealthamerica.net/sites/default/files/Impact%20of%20Toxic%20Stress%20on%20Individuals%20and%20Communities-A%20Review%20of%20the%20Literature.pdf*
3. Meara, E., & Frank, R. (2006). *Welfare reform, work requirements, and employment barriers* (NBER Working Paper No. 12480). Cambridge, MA: National Bureau of Economic Research. Retrieved from *http://www.nber.org/papers/w12480*
4. Mental Health America. (n.d.). *Meaningful work and recovery.* Retrieved from *http://www.mentalhealthamerica.net/meaningful-work-and-recovery;* National Alliance on Mental Illness [NAMI], 2014).
5. National Network of Business and Industry Associations. (2014). *Common Employability Skills*. Retrieved from *http://businessroundtable.org/sites/default/files/Common%20Employability_asingle_fm.pdf*
6. Millner, U. M., Rogers, E. S., Bloch, P., Costa, W., Pritchett, S., & Woods, T. (2015). Exploring the work lives of adults with serious mental illness from a vocational psychology perspective. *Journal of Counseling Psychology,* 62(4), 642–654.
7. Substance Abuse and Mental Health Services Administration. (2016). *Mental and substance use disorders*. Retrieved from *http://www.samhsa.gov/disorders*
8. See Millner et al. in note 6; see NAMI in note 4.
9. Loprest, P. J., & Zedlewski, S. R. (2006). *The changing role of welfare in the lives of low-income families with children*. Washington DC,: The Urban Institute. Retrieved from *http://www.urban.org/research/publication/changing-role-welfare-lives-low-income-families-children;* Loprest, P., & Maag, E. (2009). *Disabilities among TANF recipients: Evidence from the NHIS*. Washington, DC: The Urban Institute. Retrieved from *https://aspe.hhs.gov/basic-report/disabilities-among-tanf-recipients-evidence-nhis;* Leung, C. W., Epel, E. S., Willett, W. C., Rimm, E. B., & Laraia, B. A. (2015). Household food insecurity is positively associated with depression among low-income Supplemental Nutrition Assistance Program participants and income-eligible nonparticipants. *Journal of Nutrition,* 145(3), 622–627; National Institute of Mental Health [NIMH]. (2016). Major depression among adults. Retrieved from *http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml*
10. Metsch, L., & Pollack, H. (2009). *Substance abuse & welfare reform.* Website created by the Robert Wood Johnson Foundation's Substance Abuse Policy Research Program. Retrieved from *http://saprp.org/knowledgeassets/knowledge_detail.cfm?KAID=5;* Loprest & Maag, 2009 as in note 8.
11. The biopsychosocial model is a way of understanding an individual's subjective experience as an essential contributor to accurate diagnosis, health outcomes, and clinical care. It is more holistic than the biomedical model in that it considers how a person's health and well-being are affected by physical, mental, and social aspects and the complex relationships between them. In addition to looking at an individual's physical and psychological health, a biopsychosocial assessment looks at their social factors such as physical environment and family relationships. See Borrell-Carrió, F., Suchman, A. L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of Family Medicine,* 2(6), 576–582.
12. NAMI, 2014, see note 1.
13. NAMI, 2014; Substance Abuse and Mental Health Services Administration (SAMHSA). (2009). *Supported employment evidence-based practices (EBP) KIT* (Publication ID No. SMA08-4365). Washington, DC: U.S. Government Printing Office. Retrieved from *http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365;* Bazelton Center for Mental Health Law. (2014). *Getting to work: Promoting employment of people with mental illness*. Washington, DC: Author.; Modini, M., Tan, L., Brinchmann, B., Wang, M., Killackey, E., Glozier, N., Mykletun, A., & Harvey, S. (2016). Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. *British Journal of Psychiatry,* 208(4).
14. SAMHSA, 2009, see note 13.

TEEN PREGNANCY continued from page 27

- We convened an internal Sponsor Group of the child welfare services director and four assistant directors, and one assistant director who was also a member of the Project Coordination Team. This group was tasked with final approval of the recommendations from the Steering Committee.
- We convened an internal Project Coordination Team—a senior manager, middle manager, policy analyst, supervisor, social worker, training coordinator, and supervising public health nurse—all from child welfare services. This group served as the bridge between the Sponsor Group and the Steering Committee. It developed joint agendas; completed diligence on recommendations; drafted prototypes of recommended practitioner tools and policy to reflect recommended elements; developed a training curriculum for social workers to reflect recommended elements; coordinated logistics to implement Sponsor Group–approved recommendations; developed and implemented marketing recommendations; completed continuous quality improvement tasks; shared their knowledge with other counties; collaborated with community partners to optimize recommended interventions; pursued emergent opportunities such as grant funding; and delivered policy and resource awareness training to social workers, caregivers, and community partners.

6. Practitioner tools are essential

These require significant front-load investment but yield a favorable return in the form of policy and practice fidelity. We produced a reproductive and sexual health policy, a reproductive and sexual health resource guide, youth consent rights notification, a medical provider report with reproductive and sexual health prompts, and training for social workers (with separate modules on policy, soft skills, and technical skills). These tools were heavily vetted by the Steering Committee and with subject matter experts. These tools were also developed through an iterative process to reduce them to the simplest essentials.

7. Youth need "askable adults"—The more the better

Some will be naturals and most will benefit from training and support to develop the comfort and skills of an "askable adult." They can include parents, family members, social workers, judicial officers, court-appointed special advocates, foster and kinship caregivers, transition-age youth service providers, and attorneys. Your plan should include strategies to develop these individuals (e.g., training).

8. Peers are influential

Youth and young adults learn from each other; therefore, it is important to include strategies to develop their accurate understanding of sexual and reproductive health and resources.

We created a sexual and health resource guide, funded a dedicated public health nurse with a confidential line, and partnered with community partners to increase youth and young adult access to comprehensive sexual health education such as Cuidate, a cultural adaptation of Making Proud Choices.

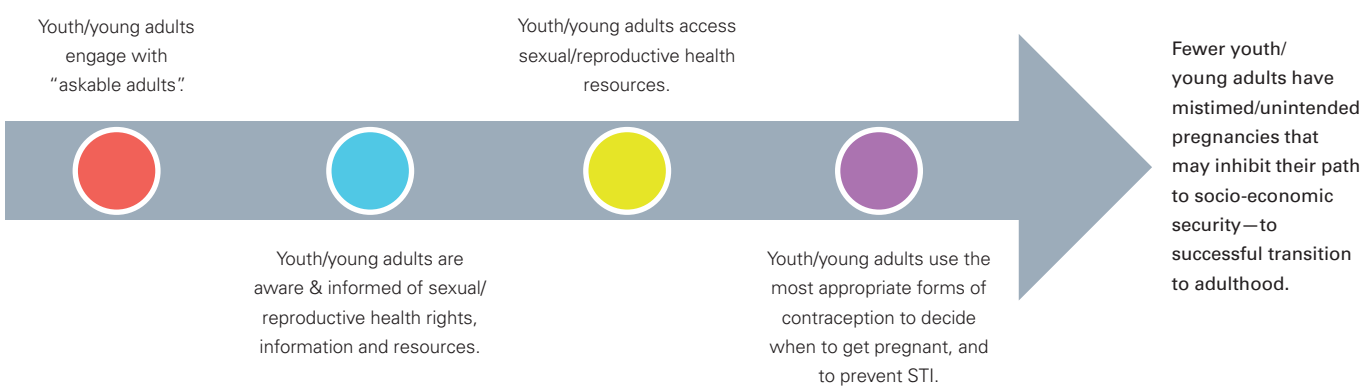
We also partnered with school districts as California's passage in 2016 of Assembly Bill 329 mandated that schools provide comprehensive sexual health education in middle and high school.

One area we are working to improve is the stronger enlistment of peers in outreach to other youth and young adults.

9. Healthy sexual development is not all about sex

It is important to attend to the foundation of healthy sexual development by developing healthy relationships with peers and adults shaped by normalcy activity (see *http://www.aecf.org/resources/what-young-people-need-to-thrive/)*

Figure 3: Pregnancy Prevention as a Breakthrough Strategy for Successful Transition to Adulthood – Another View



10. Future outlook is an effective birth control

Long-term relationships with trusted, caring adults are essential (see item 3 above) to guide youth and young adults through keystone experiences that shape and anchor future outlook so that children are born at the appropriate time for healthy family formation. Through their development and completion of milestones, youth and young adults build and acquire the health, financial independence, and social capital they will use, not only in their adult lives, but will pass on to their children.

11. Don't forget the males

It is important to counteract the societal bias to primarily target females in pregnancy prevention strategies. Interventions and outreach should actively engage both males and females.

12. Parenting youth need specialized support

Being young parents can be challenging, as they are developing as young people while also developing their role as parents (see *http://www.cssp.org/reform/child-welfare/expectant-parenting-youth-in-foster-care)*. For this we implemented Pregnant and Parenting Planning Conferences, a voluntary, specialized conference to assist expectant and parenting youth and young adults (mothers, fathers—custodial and non-custodial) with planning for healthy pregnancy and parenting outcomes, identifying appropriate resources and services, and preparing for a successful transition to independence. Our neighbor and fellow Institute peer, Los Angeles County, developed this model and provided us with training and technical assistance to implement it. Developing financial literacy and management, and participating in early childhood in-home visitation are key to strengthening the young family.

13. Outcome evaluation is important

Telling your story—your successes, what you've learned—is important for continuous quality improvement, to build confidence among diverse stakeholders, to fortify continuation and growth for these efforts, and to contribute to the field to advance larger scale outcomes and systems change. It is also complex and requires expertise. We find ourselves still trying to figure out the best approach. How do we: capture data in the simplest manner, navigate across data systems, measure change, analyze the data, present the data and findings, and share our story.

Telling your story—your successes, what you've learned—is important for continuous quality improvement, to build confidence among diverse stakeholders, to fortify continuation and growth for these efforts, and to contribute to the field to advance larger scale outcomes and systems change.

14. Ego says, "Once everything falls into place, I'll feel peace." Spirit says, "Find your peace, and then everything will fall into place."

—Marianne Williamson

Keep focused and celebrate the abundance of successes along the way, including the lessons learned. Advance gradually but surely.

The progress Orange County is making to reduce teen pregnancy and sexually transmitted infection is readily apparent from the descriptions above. Their experience in an extended peer-to-peer learning setting is unique, though in three ways it mirrors others' experiences and learning:

1. **Strategies to improve outcomes are generated through both external scanning and one's own critical thinking.** These counties learned about four specific evidence-based strategies to consider using, and they also learned a critical thinking path to use on an ongoing basis to generate other strategies, in part by reflecting on the reasons for gaps between a desired state and a current one. In Orange County's case, they added strategies from their "full picture" understanding of what their teens experience, generating ones to increase availability of "askable adults," future planning skills, engagement of males, and viewing healthy sexual development as part of adult-to-adult relationship skills.
2. **Dedicated peer champions, leaders, mentors, staff, and community partners are built through investing in ongoing two-way communication.** Each county saw overcoming their challenges as daunting to improbable until they began the process of forming sponsor groups and improvement teams involving a broad range of participants with similar goals and complementary resources and skills. Orange County has made huge time investments in this approach and from our viewpoint transformed their image from "too conceptual" to "expert, trusted partners and leaders" in their own right.
3. **Data and analysis is easy to back burner … and then you might get burned.** Our primary lessons learned as designers of learning and change management tools include providing much more design support to construct analytical frameworks that define the data needed to test and evolve a theory-of-change that connects desired outcomes, factors that enable them or get in their way, and health and human service programs that will most

See Teen Pregnancy on page 42

TEEN PREGNANCY continued from page 41

likely improve those factors for the people we serve. Most of these counties are still in the early stages of their efforts to define and employ such frameworks.

Appendix 1: Relevant Reads

- Adolescent AIDS Program: *http://adolescentaids.org*
  – The Deal (teen lifestyle 'zinewith real talk about life, love and HIV/AIDS): *http://adolescentaids.org/youth/deal.html*
- Annie E. Casey Foundation: *www.aecf.org*
  – What Young People Need to Thrive: *http://www.aecf.org/resources/what-young-people-need-to-thrive/*
- BridgespanGroup: *www.bridgespan.org*
  – "Billion Dollar Bets" to Create Economic Opportunity for Every American: *http://www.bridgespan.org/Philanthropy-Advice/Setting-Strategy/Billion-Dollar-Bets-for-Economic-Opportunity.aspx#.V43CpFL2bIV*
- California Foster Youth Pregnancy Prevention Institute: *www.cfyppi.org*
  – Convener of key references related to pregnancy prevention among youth in foster care in CA
- Center for the Study of Social Policy: *www.cssp.org*
  – Youth Thrive: Protective & Promotive Factors Framework: *http://www.cssp.org/reform/child-welfare/youth-thrive*
  – Expectant & Parenting Youth in Foster Care: *http://www.cssp.org/reform/child-welfare/expectant-parenting-youth-in-foster-care*
  – Get R.E.A.L.: *http://www.cssp.org/reform/child-welfare/get-real*
- Child Trends: *www.childtrends.org*
  – Intimate partner violence & reproductive health: *http://www.childtrends.org/5-things-to-know-about-intimate-partner-violence-and-reproductive-health/*
- Children's Data Network: *www.datanetwork.org*
  – Research briefs related to pregnancy and parenting among youth in foster care in CA
- Jim Casey Youth Opportunities Initiative: *www.jimcaseyyouth.org*
  – Compilation of adolescent brain development & implications for youth in care
- National Center for Youth Law: *www.teenhealthlaw.org*
  – Legal clarification regarding youth rights: *http://www.teenhealthlaw.org/minorconsent/*
- Orange County Women's Health Project/Teen Reproductive Health Task Force: *www.ocwomenshealth.org*
  – Teen Reproductive Health Policy Brief: *https://drive.google.com/file/d/0BzP6_yQYcZh6WkF0TG02UUxXR0U/view?pli=1*
- Policies
  – Orange County, CA: *http://ssa.ocgov.com/civicax/filebank/blobdload.aspx?BlobID=46977*
  – Los Angeles County, CA: *http://policy.dcfs.lacounty.gov/content/Youth_Development_Reprod.htm*
  – Santa Clara County, CA: *http://escholarship.org/uc/item/48p3r3h1#page-1*
  – New York City, NY: *http://www.nyc.gov/html/acs/downloads/providers_newsletter/nov10_2014/141029_Sexual_&_Reproductive_Health_Care_signed.pdf*
  – Dissertation: *http://escholarship.org/uc/item/48p3r3h1#page-1*
- The National Campaign to Prevent Teen & Unplanned Pregnancy: *www.thenationalcampaign.org*
  – Child welfare resources for CWS staff, out-of-home caregivers, parents, judges, youth
- Call to Action: 10 Ways to Address Teen Pregnancy Prevention Among Youth in Foster Care: *www.thenationalcampaign.org/resource/call-action*
- When You Decide: A Judge's Guide to Pregnancy Prevention Among Foster Youth: *www.thenationalcampaign.org/resource/when-you-decide*
- Bedsider: *www.bedsider.org* and in Spanish at *www.bedsider.org/es*
- StayTeen: *www.stayteen.org*

Reference Notes

1. The National Campaign to Prevent Teen and Unplanned Pregnancy, *http://thenationalcampaign.org/data/landing*
2. Midwest Evaluation of Adult Functioning of Former Foster Youth, *http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth*
3. California's Extension of Foster Care through Age 21: An Opportunity for Pregnancy Prevention and Parenting Support, *http://www.chhs.ca.gov/Child%20Welfare/Cumulative%20Teen%20Birth%20Report.pdf*
4. *http://www.chapinhall.org/research/report/findings-california-youth-transitions-adulthood-study-calyouth*

CLIENT SAFETY continued from page 29

Absent this known, very high-risk situation, the definition of line of sight was not as literal.

Legally, what constitutes reasonable supervision of vulnerable clients in terms of line of sight will depend upon the unique needs of each client and the articulated standards the caregiver is obliged or has opted to follow. Thus, when a caregiver has information about the characteristics and safety needs of a particular client, he or she has a duty to supervise that client accordingly. A failure to do so may result in a client's injury or death and may constitute negligent supervision and open the caregiver to liability.

Reasonable care relates to an obligation to take suitable precautions and avoid risk. Indiana Model Jury Instruction 1109 is instructive: "The common law standard of reasonable care means being careful and using good judgment and common sense." A subcategory of negligence, negligent supervision occurs when a caretaker fails to exercise reasonable care in monitoring a client. Like any other negligence claim, negligent supervision requires the showing of a duty, a breach of that duty, proximate cause, and actual injury. Indianapolis, Indiana attorney David B. Wilson explains: "A negligent supervision claim must focus on the client's unique characteristics in light of the potential hazards. Even a caregiver maintaining a continuous line of sight may be liable for allowing a toddler to play next to a busy highway or a neighbor's unfenced pool."

Reference Notes

1. *http://www.nj.gov/dcf/policy_manuals/intensive-residential-treatment.pdf*
2. *Manis v. Lawson,* 585 F.3d 839, 844 (2009); See also *Ontiveros v. City of Rosenberg, Texas,* 564 F.3d 379 (2009).

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ANALYTICS continued from page 6

process to be more traditional.[5] Similar measures in diversity could be adopted by health and human service internal operations and external evaluations.

Predictive analytics can also expand financial opportunities to disadvantaged communities. For instance, the newly developed credit worthiness calculator, RiskView by LexisNexis, incorporates untraditional factors in credit determinations. These include criteria such as property ownership and attaining a degree in higher education.[5] Combining these alternative criteria in credit determination with data inputs and coordinating with human services could help address and customize plans to meet the social and economic needs of disadvantaged individuals, families, and communities.

Finally, this technology can be used to increase the efficiency of early intervention initiatives for human service agencies by determining specifically where and for whom certain needs will manifest. Consider New York City's Administration for Children Services (ACS), that partnered with KPMG to develop a predictive analytics program to anticipate the locations and needs of future foster families.[6]

The utilization of predictive analytics in health and human services also comes with its share of downfalls. These downfalls include ethical and legal concerns about discrimination and inaccuracy. For example, a specific kind of predictive analytics, called risk assessments, are used by more than 50 percent of states to evaluate the likelihood of an offender re-offending.[7] At face value, these systems appear to be useful aids in keeping communities safe and executing fair judgment. However, a recent study by ProPublica revealed that the risk assessments used in Broward County, Florida, were only 20 percent accurate in predicting violent offenses and 61 percent accurate in predicting general offenses. More disturbingly, African American criminals were twice as likely to be falsely labeled as re-offenders than their White counterparts.[8]

These racial skews serve as a precautionary warning of what may result from using data models that do not account for the inherent inequalities and biases toward the communities from which data samples are drawn. If not resolved, predictive analytics could drive further disparities toward minority and other communities. More research needs to be conducted to determine how predictive analytics can avoid these shortfalls and promote access to care, equal distribution of resources, and accurately derived decisions.

The challenges of predictive analytics can prove daunting for both the public and private sectors, but despite these obstacles, the business case continues to be made and the technology is there; it has powered a series of progressions in various sectors.

Inaccuracies in advanced analytics predictions can also generate health, financial, and social consequences. Two primary difficulties encountered by statisticians thus far when developing predictive models are (1) data complexity and (2) identifying the best determinants of specific outcomes. Predictive analytics models can often find correlation between variables but struggle to establish causal relationships. Currently, most predictive analytics models aim to establish strong correlations between variables and outcomes but even this objective has encountered mishaps.

As our world grows more interconnected every day, so does the number of pathways by which innovative technology can deliver powerful solutions to health care, human services, and everything in between. The challenges of predictive analytics can prove daunting for both the public and private sectors, but despite these obstacles, the business case continues to be made and the technology is there; it has powered a series of progressions in various sectors. All things considered, it is not a question of if health and human service systems should adopt predictive analytics but rather a question of how to do it when the time comes.

Reference Notes

1. Snijders, C., Matzat, U., Reips, U. (2012). "Big Data." *Big Gaps of Knowledge in the Field of Internet Science.*
2. Cohen, G., Amarasingham, R., Shah, A., et al. (2014). *The Legal and Ethical Concerns That Arise from Using Complex Predictive Analytics in Health Care.*
3. National Workgroup on Integration Analytics Committee. (2014). *Analytic Capability Roadmap 1.0 for Human Service Agencies.*
4. Business Wire (2013). "Children's Medical Center and PCCI Collaborating on Two Initiatives to Facilitate Information Sharing and Proactively Impact Children's Health." *http://www.4-traders.com/news/Children-s-Medical-Center-and-PCCI-Collaborating-on-Two-Initiatives-to-Facilitate-Information-Sharin--17628660/*
5. Federal Trade Commission (2016). *Big Data: A Tool for Inclusion or Exclusion?*
6. APHSA National Collaborative for Integration of Health and Human Services Analytics Committee. (2015). *Roadmap to Capacity Building in Analytics.*
7. Sapir, Y. (2008). *Against Prevention? A Response to Harcourt's Against Prediction on Actuarial and Clinical Predictions and the Faults of Incapacitation.*
8. Angwin, J., Larson, J., Mattu, S., et al. (2016). *Machine Bias. https://www.propublica.org/article/machine-bias-risk-assessments-in-criminal-sentencing*

***Barbara Tsao** was a summer intern for APHSA's National Collaborative for Integration of Health and Human Services.*

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 Elizabeth Connolly, acting commissioner of the New Jersey Department of Human Services.

Name: Elizabeth Connolly

Title: Acting Commissioner, New Jersey Department of Human Services

Year of Service: I started with the department 28 years ago, right out of graduate school, through the Governor's Fellowship Program. Almost immediately I realized that public service, specifically related to being a part of a process that helps people attain their personal and family goals, was my calling. During my time here, I've been part of various system reforms in child welfare, public assistance, Medicaid, and, as a result of the Olmstead decision, services for people with disabilities. I have worked in various roles in the department—from research to special assistant to chief of staff and now acting commissioner—and I've never lost my interest or passion for what we do. I'm incredibly honored that Governor Christie nominated me as commissioner. It really is a full-circle moment.

Rewards of the Project: Every day that I'm able to see how a policy or program has had a positive impact, it is a good day. The department serves one in four New Jersey residents, so we get calls from people all the time looking for food assistance to feed their family, health insurance for a sick child, addiction treatment for someone battling the disease, work support for an individual with disabilities or in-home care for an older adult who wants to age in place. The ability to initiate and implement policies and programs to create a system that supports them in attaining their goals is the greatest reward.

Accomplishments Most Proud Of: There is so much we've achieved during my tenure with the department, it's hard to pick. I will say that the emotional and structural damage wrought by Superstorm Sandy really challenged New Jersey residents and the state-run system of supports. The destruction was widespread and affected households statewide. A lot of work went into outreach and assistance. The department quickly had to assess how to provide a bridge to recovery for populations both familiar and unfamiliar with asking for and receiving help. I am very proud of the programs we initiated—and continue still—to aid people in their storm recovery. From crisis counseling to building ramps and lifts for residents who raised their homes, to providing mobile medication–assisted treatment, to emergency and long-term rental assistance, to replacing furnishings, we helped make people whole again. That feels good.

Future Challenges for the Delivery of Public Human Services: I think the biggest ongoing challenge in social services is communication across systems. Most consumers of this department receive a number of services from us and through other state agencies. Cash assistance, child welfare, housing assistance, re-entry assistance, addiction treatment, or mental health services—the ability to share information across programs is critical to serving our shared populations, holistically. Rules for information sharing, while necessary, can challenge efforts to provide a comprehensive and coordinated set of services to individuals and families.

Little Known Facts About the Project: I'm an avid runner, having completed 27 full marathons—to date. Running is great exercise but for me it's also very therapeutic. During a run, my brain seems to sort through all the "noise" and provide clarity on professional and personal issues or ideas that I tend to obsess over. I always bring my phone with me to record notes to myself so I won't forget whatever epiphany I've had during the run! Competing in marathons also takes me to new places, whether it's a city where I haven't run before or a state I've never visited. It's a good way to discover a new environment.

Outside Interests: When I can't run, I love to cook. I have a large collection of cookbooks and when I find a recipe that looks interesting or different, I try it. If it's a success, I like to experiment with different ingredients and create something totally new. Learning how spices and foods combine in a dish is fun and provides a fairly immediate sense of achievement.

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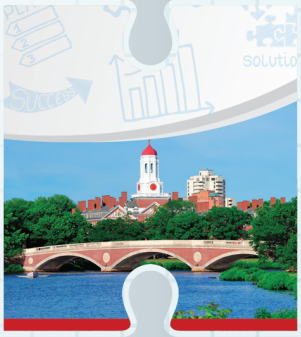

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