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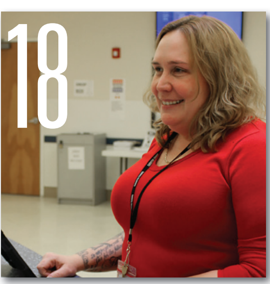

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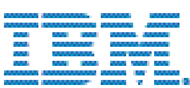

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director's memo

By Tracy Wareing Evans

Social Determinants of Health Framework Supports Healthier Outcomes

Social determinants of health (SDOH), "whole family" or "2 Gen" approaches, and population-level decision-making are key buzz words in the field today. The shared objective that each of these ideas embodies—whether you view it from the health care lens or human service perspective—is a desire for a more holistic approach that gets at underlying root causes and intervenes earlier, reducing more protracted social and health issues.

While it is not a new idea that there is value in having programs that serve the same people talking, coordinating care, and working to solve problems earlier, applying a SDOH frame to these integrated efforts is a paradigm shift, especially when coupled with modern technology and business platforms. At their core, these movements are driven by the idea that cost-effective social interventions—not just medical ones—drive healthier outcomes for families and communities.

Photo Illustration by Chris Campbell

Both sectors understand that many health problems are prompted by poor nutrition, unhealthy living conditions, persistent social stressors, and other "determinants" that are more about our living environment and less about traditional medical models. On the health care side, new payment and service delivery reform mechanisms including, but not limited to, requirements for hospitals to conduct regular community assessments and reduce hospital readmissions, are driving the heightened use of population-based data to understand who is coming through the doors. In human services, knowledge of neuroscience, trauma-informed care, and behavioral economics is shaping more effective engagement strategies with clients before more government contact and longer-term involvement with families are needed. In both sectors, evidence-based program design is setting new standards and methods for how policy and practice is developed, and how outcomes are valued and measured. Focused efforts at all levels of government to share data and create interoperable systems undergird each of these trends.

In essence, the social determinants frame is helping us ask the same questions of health care patients as we do people seeking social service supports. If we can coordinate our work better across re-purposed programs and existing systems touching the same people, as well as provide the opportunity for every person to serve as a catalyst in his or her own care, then we have a better chance of creating pathways to sustainable, population-based health and well-being, The bottom line is we are not just talking about lowering health system costs but lowering system costs *writ large*—health *and* societal—by leveraging existing public investments in human services, housing, education, justice, and other areas to achieve better outcomes. Indeed, the SDOH frame may have just as much impact in bettering health outcomes as new medical breakthroughs.

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By Leigh Edwards

APHSA Issues Comment on Confidentiality of Substance Use Disorder Patient Records NPRM

In February, the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) published the §42 CFR *Part 2 Confidentiality of Substance Use Disorder Patient Records Notice of Proposed Rule Making (NPRM),* or "Part 2," in the *Federal Register.*

The NPRM aims to modernize and update the regulations at §42 CFR Part 2 to afford patients with substance use disorders (SUDs) the opportunity to benefit from emerging multiservice care models that require enhanced exchange of health information.

In 1970, Congress passed the *Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act,* and in 1972, passed the *Drug Abuse Prevention, Treatment, and Rehabilitation Act;* these applied general rules establishing the confidentiality of alcohol abuse patient records to drug abuse patient records. In 1987, the HHS secretary issued regulations, referred to as "Part 2," that describe the circumstances in which information about a substance abuse patient's treatment could be disclosed and used, with or without a person's consent. While the two acts and Part 2 regulation limited the availability of substance abuse records to insure that patients in a treatment program are not more vulnerable with regard to their privacy than those who do not seek treatment, SAMHSA noted that the new proposal is necessary because of the significant changes that have occurred over the past 25 years. The current regulations are not aligned to fit the advances in the U.S. health care delivery system,

Illustration via Shutterstock

including new models of integrated care, and could put patients at risk of adverse consequences surrounding privacy protections. The proposal was also prompted to make the regulations more understandable and less burdensome.

Developed through state and local members of APHSA's National Collaborative for Integration of Health and Human Services, as well as other affinity groups of the association, APHSA submitted formal comments to the NPRM noting the overall alignment of the NPRM with APHSA's policy and practice framework, *Pathways.*[1] *Pathways* outlines the desired future state of a transformed health and human service system. In doing so, the NPRM takes a step forward, toward enhancing the provision of holistic services for individuals with SUDS and balancing important security with privacy concerns.

Among APHSA's recommendations were that SAMHSA:

- Expand the definition of "Treatment Provider Relationship" to encompass the full care continuum, explicitly including those providing related social services as part of that relationship. Human or social service providers, in addition to substance use, medical, mental health, and developmental disability/intellectual disability providers, may all be involved in different aspects of an individual's care plan, and as such, a part of promoting recovery, resiliency, and ensuring the safety of individuals living and dealing with substance use. With the appropriate safeguards, access to this information has the potential to enable a better

See Confidentiality on page 41

By Elliott Robinson

Roadmap to Child Well-Being

Author photo by Arlene Boyd / Photo Illustration by Chris Campbell

In December 2015, the Monterey County community was devastated to learn of the grisly murder of two children and the severe physical abuse of a third child. The children's caretaker and her boyfriend have since been charged with murder, torture, and child abuse. There were several child protective services and law enforcement referrals that did not have sufficient cause for foster care or court dependency prior to the tragic incident. When children die at the hands of a parent or guardian, the shared sense of outrage has deep impacts throughout the community and within our child protective services system. But, our calling is to channel that outrage and mourning to action that mobilizes the community to not only work harder to prevent fatalities, but to improve community-wide child well-being.

According to the Commission to End Child Abuse and Neglect Fatalities, every year between 1,500 and 3,000 children die as victims of maltreatment. The commission frames its report as "Within Our Reach." Bringing this mission of ending child abuse and neglect fatalities into reach takes dedicated community-wide action to address the well-being and standing of children in our communities as a whole. It takes the coordinated partnership between child welfare, law enforcement, heath care services, education, and our many community and faith-based partners. It takes concerted commitment to action at the local, state, and national levels.

In the immediate aftermath of a child death, such as the one mentioned, it is expected that the child welfare agency conduct a critical incident review and take every appropriate action to improve its processes; but, those inwardly focused system improvement efforts alone are not enough. Child abuse and neglect occurs in the context of a host of stressors that take a toll on child and family well-being: overcrowded housing, poverty, community violence, and unstable employment opportunities. These stressors also take a toll on public systems committed to improving community quality of life—human services, health, law enforcement, and education. A more meaningful system improvement process recognizes this broader context and works toward strengthening the overall public and community-based network that needs to work together for child safety and well-being.

In Monterey County, like so many other communities, the economy is largely based on lower paying jobs—agricultural, hospitality and retail in our case—and the cost of living is driven up by a broken housing market that is too often beyond the reach of working families. These circumstances place heavy stresses on child and family well-being. At the same time, organized gangs and a thriving drug market poach on the vulnerabilities that come with these stressors and fuel violence. In our public and community-based service

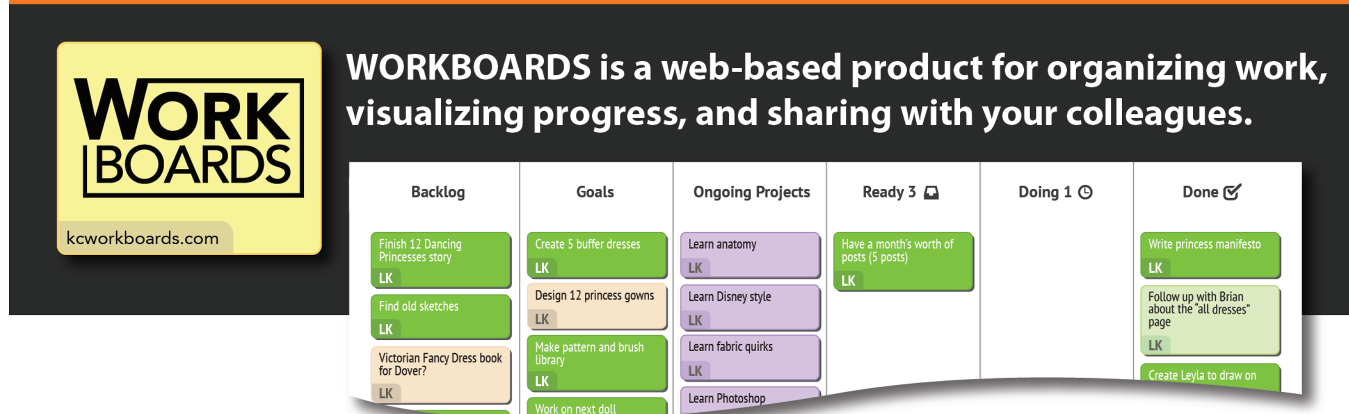
delivery systems, these issues strain our resources and relationships as we address far too many downstream public safety, public health, and public welfare challenges.

After we learned of the child deaths, we conducted the critical incident review, partnered with our colleagues at the California Department of Social Services, and closed the gaps we found; but we knew we had to do more. Over the holidays, I called Tracy Wareing Evans at APHSA to get her thoughts on how we could go beyond a siloed assessment of our child welfare system and reach more broadly into our community to better address the stressors that take a daily toll on families, while at the same time strengthening partnerships among our sister agencies and community partners. Tracy shared her thoughts on the work of the Commission to End Child Abuse and Neglect Fatalities, and a partnership with the APHSA Organizational Effectiveness team was born to bring the commission's framework into local strategic planning and action.

Now, we are about to embark on the Roadmap to Child Well-Being—a project we hope will be well informed by the recommendations of the Commission to End Child Abuse and Neglect Fatalities. We know that ending child abuse neglect fatalities is within our reach. In memory of children who suffer at the hands of abusers and in honor of children traumatized by the circumstances beyond their control, we are bringing together our national, state, and local partners to develop a strategic action plan where our community's aspirations of well-being can gain momentum and where we work together toward the commission's vision of a society where …

- children do not die from abuse or neglect.
- children are valued, loved, and cared for first and foremost by their parents.
- the safety and well-being of children are everyone's highest priority, and federal, state, and local agencies work collaboratively with families and communities to protect children from harm.
- leaders of child protective services agencies do not stand alone but share, with multiple partners, a responsibility to keep children safe long before families reach a crisis
- research and integrated data are shared in real time in order to identify children most at risk for abuse or neglect fatalities and make informed and effective decisions about policies, practices, and resources.
- state and local agencies charged with child safety have the resources, leaders, staff, funds, technology, effective strategies, and flexibility to support families when and how it is most helpful.
- every child has a permanent and loving family, and young parents who grew up in foster care get the support they need to break the cycle of abuse and neglect.
- all children are equally protected and their families equally supported, regardless of race, ethnicity, income, or where they live.

Elliott Robinson *is the director of the Monterey County (California) Department of Social Services.*



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By Megan Lape

Human Services in All Policies

The National Collaborative's Focus on Multiprogram Coordination

For all of us, health and well-being are key factors to living well and having a good quality of life. Where we are born, the quality of our schools, the safety of our communities, the availability of jobs, and the level of stress on ourselves, our families, our neighbors, and our colleagues are among the many external factors that impact our health from a young age through adulthood and beyond. Understanding how these social determinants affect our health and well-being, and connecting them to helpful supports along the way, are the key to ensuring that each of us can achieve our full potential.

A growing body of evidence shows that improving care and service coordination across multiple sectors, beyond traditional clinical health care services, together with the human services and public health systems, timely access to critical population-based health information, and leveraging existing public investments more effectively, can produce healthier and dramatically better and more sustainable outcomes for all families and communities. Human service programs and providers already in place are uniquely positioned to provide valuable contributions to improving overall health outcomes if they are effectively linked to, and coordinated with, the traditional and evolving health system.

Over the past several years, APHSA's National Collaborative for Integration of Health and Human Services (National Collaborative) has focused on rethinking how state and local health and human service (H/HS) agencies operate, developing tools to help them reconfigure access, and

The Integration Vision

A fully integrated health and human services system that operates a seamless, streamlined information exchange, shared services, and coordinated care delivery that is a consumer-focused modern marketplace experience designed to improve consumer outcomes, improve population health over time, decrease poverty, increase employment possibility and, ultimately, bend the health and human services cost curve by 2025.

—National Collaborative's *Bridging the Divide*, 2011

improve the customer experience, within the context of the evolving health care delivery system. The Triple Aim and Affordable Care Act continue to be significant drivers of this transformation. The field at-large, defined here by all human-serving programs and networks of care impacting people's health and well-being, continues to reconfigure, test, and modify how services are paid for and delivered. Human service agencies, programs, and providers are also embarking on this journey to rethink how to efficiently and effectively provide existing and new services within this environment.

H/HS agencies at all levels of government and across sectors are building new connections to better ensure programs, data, providers, and funding channels are in place to address the social determinants of health. State and local agencies are making important advancements to improve their operational efficiencies and program effectiveness by using the National Collaborative's Business and H/HS maturity models,[1] in conjunction with Harvard University's Health and Human Services Value Curve,[2] as a common blueprint and benchmark to implement these paradigm and operational shifts.

Having a Seat at the Table is the Just the Beginning

While efforts are being made where they can, this work is not done. Care coordination requires equitable investments in infrastructure, deliberate analysis of risk-sharing, assessing new roles and responsibilities of workers, and rethinking how procurement and distribution of savings is conducted across programs and providers. But it must start with commitment by stakeholders across health care, human services, public health, and others to acknowledge each sector's value in this space and learn to speak to others in their language. We need to collectively assess the full environment of human-serving programs and creation of upstream solutions making success attainable for the people with and to whom we deliver services. "Success" may entail getting the lights on so your children can study for school or some financial support to feed yourself or your family if you have limited means, or getting access to preventive primary care or behavioral health services to better manage your health and reduce the amount of expensive medical treatment later on.

Improved outcomes, lower costs, and a healthier society as a whole will be the tangible results of these efforts through effectively linking and supporting integration of operations, funding, design, and delivery of care.

Each human-serving sector has to make a concerted effort to do things differently and learn about the other sectors' programs, payment mechanisms and financing streams, service delivery networks, and ultimately, how to contribute to the solution, so we do not duplicate or pay for something that already exists. Health care is evolving to include new payment and service delivery reforms and move toward value-based purchasing for services by creating incentives to improve the quality of the services provided. Some of these efforts are looking at ways to redistribute or create new payment mechanisms to reimburse for services that are typically outside of the health care system—which may include existing services provided by the social- or human-service sector. Simultaneously, human services are looking at trauma-informed care and behavioral economics to inform their practice models and must connect with the health system to better identify the access points and impact on health outcomes and costs.

These are general steps toward improved care coordination, but true partnership and non-duplication of effort is needed. The health sector has misconceptions about what human or social services does and the provider system it entails. The reverse is also true: there are misconceptions by the human or social service sector about the intricate workings of the health care sector. The miscommunication and misalignment of both these existing and transforming care systems' efforts to impact the same thing—the health and well-being of individuals, families, and communities—exemplifies the deep disconnection between core elements and functions of our country's care delivery networks.

Human services, *along with their companion sectors*, are uniquely positioned to design new initiatives that can significantly support better health and stronger individuals, families, and communities. Human service resources, along with health care, public health entities, and others—already strategically located throughout communities across the country—can play a major prevention role to mitigate serious downstream health and well-being issues like heart disease, diabetes, and poverty. All care systems will need to be educated on the value and opportunities for true connections as they move forward.

Research and adequate investments in human services have also lagged behind that of health over the past decade. This has made it extremely difficult to study, measure, and scale evidence-based social interventions. In the evolving context of value-based payment on the health care side, this lack of information adds another level of complexity. The *value* of human services is real but difficult to measure and, many times, is measured differently than quantifiable health outcomes. How do we know where savings on reductions in health care costs and improved outcomes are attributable to specific social interventions? This question is valid, yet we cannot lose sight of the historical presence of human services in communities, the deeply embedded trust citizens have for them, services provided beyond eligibility and referrals, and the very real political, under-funded, and highly regulated environment in which these human service programs operate.

See National Collaborative on page 46

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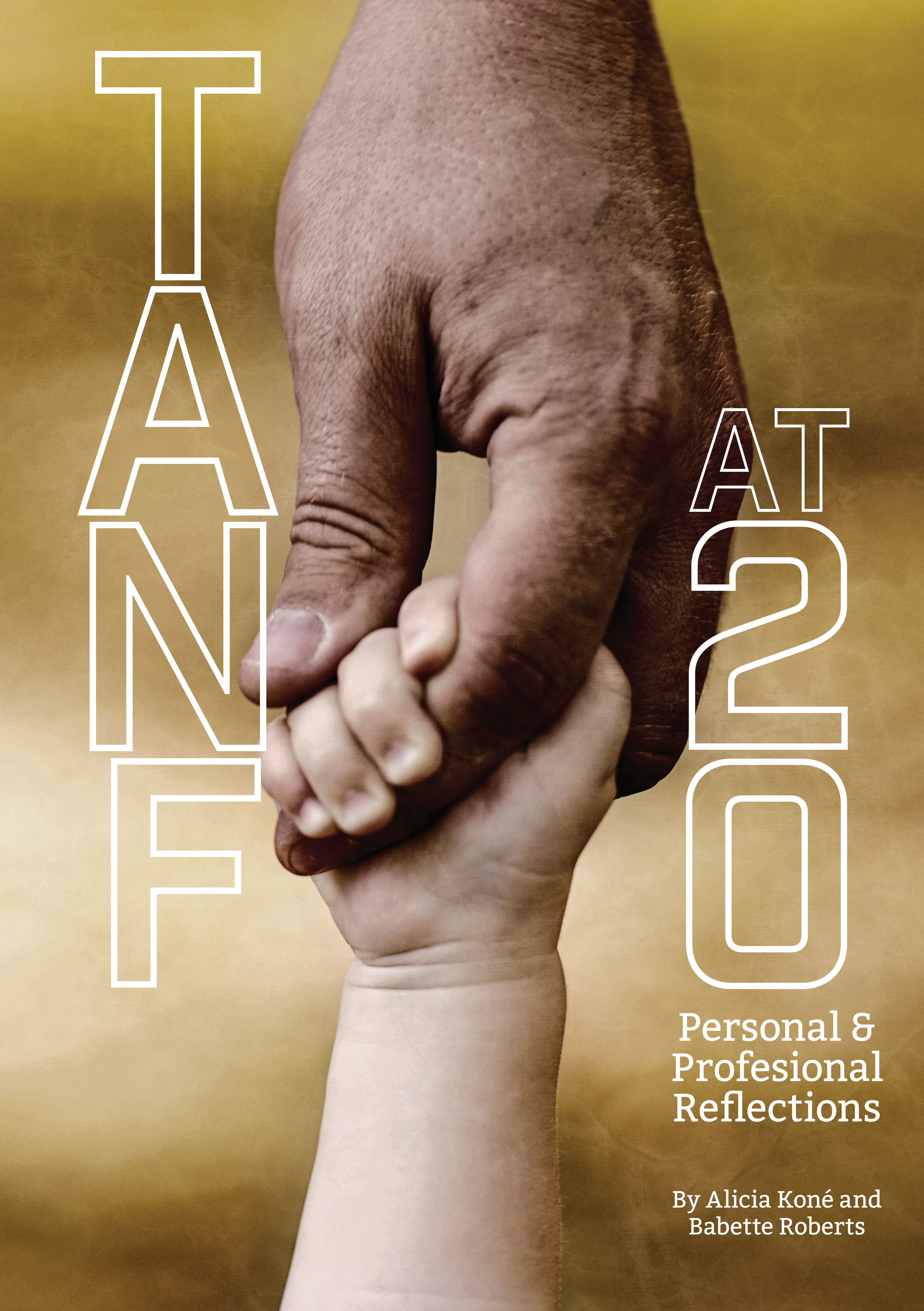
TANF
AT 20
Personal &
Profesional
Reflections
By Alicia Koné and
Babette Roberts

ALICIA KONÉ

I recently ran across a copy of a 1995 *Business Week* article about some surprising demographic data the Census Bureau had released on welfare recipients.

The Census data found that, on average, welfare mothers were older (30 years old), were or had been married (53%), and were better educated (19% had finished some college) than the stereotyped single, unwed teen mom the reformers so frequently referenced in their arguments for change. I had kept the article because I was featured in it as an example of a welfare mom who didn't fit the mold—at the time of the interview I was 24, my oldest son was 2 years old, and I was a college senior looking forward to a career in health and human services. My only quote in the article was, "I see a big future in front of me…"

It was poignant to find a reminder of the history of welfare reform and my own personal journey with workforce development, since this August 22 is the 20th anniversary of the Personal Responsibility and Work Opportunities Reconciliation Act (PWRORA) of 1996, which created the Temporary Assistance for Needy Families (TANF) program. Anniversaries are as good a time as any to reflect on where we've been and where we are today, and assess what we could do to better help our lowest income families improve their circumstances.

Babette Roberts, who manages Washington State's TANF program, and I highlight our country's progress in helping low-income families obtain a job, a better job, and, ultimately, a family-wage career through examples from Washington's current successes and challenges, contrasted with my own personal case study as a welfare recipient. We have also both recently been inspired by a book called *Scarcity: Why Having Too Little Means So Much.*[1] We weave into our reflections some places where concepts like *tunneling,* the *bandwidth tax,* and *slack* might influence new thinking about workforce development. We also propose a few key areas where we think Congress and the Administration could make it easier for states and counties to effectively serve TANF families.

My first experience with the social safety net was in 1992. I had begun my junior year in college, and was expecting my first child that November. I had been visiting child care centers that offered student discounts, but even those centers cost about $900 for infant care. Like most college students, when I realized I had a financial problem (I was *tunneling*, to use a term from *Scarcity*, and finding it hard to even concentrate in school), I went to the financial aid office to find out how my aid package (loans and work study) could be increased to help me cover the cost of child care. The aid officer explained that financial aid was for students, not for family support, and if I needed help with things like that I needed to apply for assistance at a Community Services Office (CSO, a welfare office in Washington State).

I went home and leafed through the telephone book's government listings for the number to call for more information. I found a long list of CSOs, but I figured out that I should probably call the one nearest my home. I called the office and got a voice mail instructing me if I wanted to apply for services I needed to come in Monday–Friday from 8:30–3:30, except Wednesdays, which were paperwork days. I didn't want to miss my class or my work study job in order to apply because I would lose money. (Nowadays, most programs do a much better job of accommodating working families, but there are still ripe opportunities to improve how much the system puts a *bandwidth tax*—another concept from *Scarcity* having to do with how much *tunneling* or worrying about something uses up brain power—on the minds and executive functioning of the low-income people they are trying to help). In 1992, there was no way to speak to a person when you called the CSO, so I made arrangements with my supervisor to miss work the following week so I could visit the office to apply…

BABETTE (BABS) ROBERTS

Twenty years later, TANF programs are designed to accommodate working families. Alicia would have been able to apply for benefits online through the Washington Connections (WaConn) benefit portal. This could have been done in the evening, allowing Alicia to attend her classes and be at work and not *tax* her already overburdened *bandwidth*.

If she hadn't known about the WaConn option, she would have found, in those same government listings, a number for the Community Services Division Statewide Contact Center. There, a triage navigator could have listened to her needs and explained her options. She would also have been offered the opportunity to apply for child care on the phone and been transferred right away to a child care eligibility worker.

Finally—if none of these options were visible or accessible for her, local community-based organizations (community colleges, libraries, food banks, WIC offices, community action agencies) now partner to provide assistance with the online application process—many even sit with clients and help them complete the application.

By increasing access points through online application portals, telephonic navigation, and increasing local community-based access points, we make

Photo Illustration by Chris Campbell

accessing services less stressful, less painful, and reduce the *bandwidth tax* on already overburdened low-income individuals and families.

ALICIA KONÉ

The first day I visited a welfare office was a typical gray and rainy October day in Seattle. I passed the office the first time I drove by because the building looked nothing like I was expecting—a remodeled strip mall between a car dealership and a gentlemen's club on an industrial highway. Despite my third-trimester waddle and obvious baby bump, I elbowed my way through the crowd. The automatic doors slid open to reveal what I later came to recognize as a very typical, busy lobby in a welfare office during that era.

Directly in front of me was a row of cubicles with five or six pairs of people sitting on either side of the desk, almost indistinguishable in dress and manner, except one group nervously clutching stacks of paper, with another group staring at computer terminals and pounding on keyboards. Client interviews were being conducted just a few feet away from the 25–30 adults and children of all ages waiting in plastic chairs or sitting on the floor (one family even spread out a blanket and was eating a picnic lunch). People looked like they were prepared to stay awhile.

To the left was a desk that looked like it was meant to serve for reception with a very unhappy looking woman standing by the desk screeching names into a microphone, calling people to her counter. I approached the counter and the scary lady held up her hand and yelled at me, "Can't you read?" while pointing at something behind me. I looked over my shoulder and saw a sign hanging on the wall that indicated I was to "wait behind the line to protect others' privacy." I looked down and noticed some worn masking tape on the old carpeting, roughly indicating a line. I stepped back to my proper station and was promptly summoned forward by the "receptionist."

I learned that day that I needed to fill out a paper application, drop it off or mail it in, and then wait for a letter telling me when I was to reappear for an interview. I was told that would probably take two weeks. When I asked about child care assistance specifically, I was told I would need to speak to the worker at my interview about what I might be eligible for going forward. I left with more questions than answers and, as my due date approached, along with fall finals week, it became increasingly harder for me to think about anything other than how I was going to pay for my son's care when the winter quarter started in January.

At my interview later that month I learned my baby and I were eligible for programs I never even considered, or heard of in some cases, like Food Stamps, Medicaid, and Aid to Families with Dependent Children (AFDC). But what about child care assistance? My worker didn't know. I asked if she could check with a supervisor as that was my primary need, although the other assistance would certainly help. She slumped her shoulders and said I should wait, and disappeared. She came back later with a social worker who explained the only way for me to get help with child care would be to apply to a program called JOBS (Job Opportunities and Basic Skills). I would need to go through a separate process, attend a required orientation with a different agency in a different office across town, and that would take a full afternoon. Once I did that, I would meet with a case manager who could talk to me about help with support services like child care. I left the office with slumped shoulders—more time I would need to miss from work and still no decision about how to pay for care with my due date just a few weeks away…

BABS ROBERTS

Today, Alicia's experience would have been very different. CSOs are clearly marked with bold green signage. And while lobbies are often still very full, each office has a "navigator" and electronic check-in system with clearly marked signage hanging from the ceiling and around the check-in area. The navigator would have been able to help her check in, triage her needs based on answers to some simple questions (i.e., I would like to apply for benefits). The navigator would have checked to see if an application was received and pending, and if not, directed Alicia to one of several computer kiosks where her application could be completed while she waited for an interview. That application would stream to an automated client eligibility system within minutes of submission and be available for the worker by the time the client was called. Even better, clients can opt to have an interactive interview where the application is populated while the client is interviewed, printed, and signed at the end of the interview.

Over the last eight years, by redesigning business processes, we've adapted our office and call center flows to create efficiencies for our staff and customers. For instance, live navigation and triage allow us to move away from a "first come, first serve" model toward an ability to quickly move customers through our system. This is accomplished first by eliminating appointments and moving from a caseload model to a task model. Same-day service is an expectation and "pending" is a rarity.

Streamlined, yet appropriate, eligibility rules, coupled with interfacing online verification systems (department of licensing, child support systems, vital records, and wage data),

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Babette (Babs) Roberts is the Community Services Division director at the Washington Department of Social and Health Services (DSHS).

allow our staff to verify the required information in order to make quality eligibility decisions and reduce the need for clients to continually provide paper verifications (another way we have reduced the *tax* on *bandwidth*). However, when necessary, pending an application for verification is appropriate.

ALICIA KONÉ

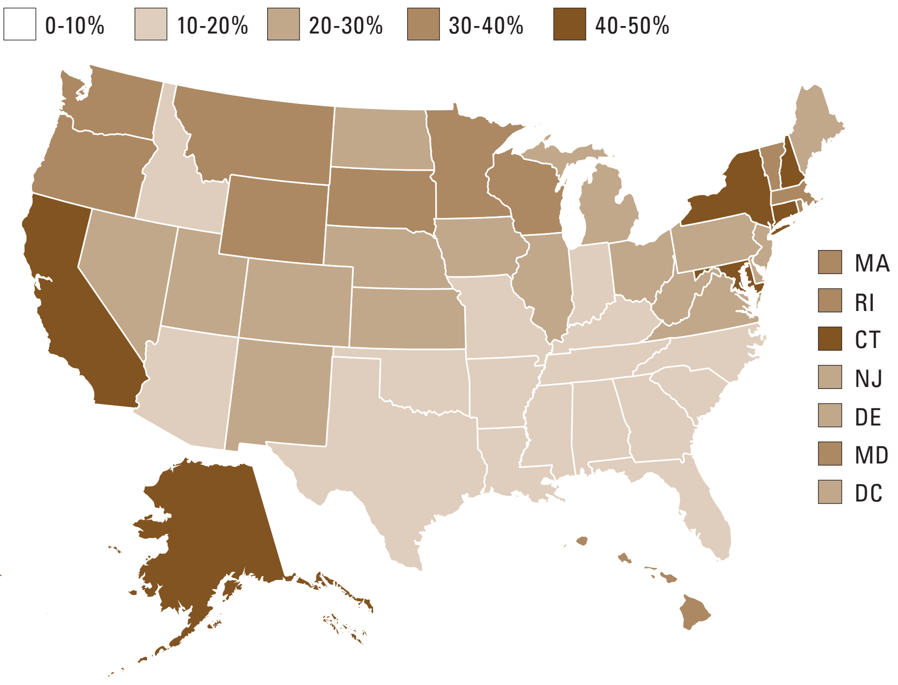
I was finally connected to child care assistance through JOBS, with an experienced case manager named Virginia who worked for our state labor department (Employment Security). She was a wonderful advocate, supporting my goal to finish a bachelor degree, so I could get a decent-paying, 8–5, Monday–Friday job that gave me *slack* in my budget and schedule to be a good parent. (*Slack* is another *Scarcity* idea—related to the brain's extra bandwidth to do things like plan ahead, save, resist temptation, and patiently parent a fussy baby). I was doing the best I could to take "personal responsibility" for my son. I got enough *slack* to be able to intern with the Welfare Rights Organizing Coalition (WROC) in Seattle, where I learned advocacy skills and spent a legislative session in Olympia as their lobbyist, and fell in love with public policy. Looking back at my career, I can plainly see how these workforce development opportunities contributed to my ability as a small business owner and employer, creating new jobs in our economy.

Two years and four months after I met Virginia—in March 1995—I "worked my way off" AFDC and food stamps—three months before I graduated from college—thanks to a much better job I found at an Institute on campus in the Evans School of Public Affairs, where I subsequently received my master's degree in 1997. Virginia cried at my exit interview because the welfare reform debate was under full swing that year, and already JOBS program rules were changing to forbid participants from pursuing four-year degrees as a part of their JOBS employment plan. She was contemplating retirement, so she knew I was the last participant she would work with

See TANF on page 44

Maximum TANF Benefits Leave Families Well Below the Federal Poverty Line (FPL)[1]

Maximum TANF benefit as a percent of FPL (for a family of three)



TANF Lifts Many Fewer Children Out of Deep Poverty Than AFDC Did[2]

TANF (2010): Lifted 24% of children who otherwise would have been in deep poverty

629,000 Children

AFDC (1995): Lifted 62% of children who otherwise would have been in deep poverty

2,210,000 Children

How States Spent Federal and State TANF Funds in 2014[3]

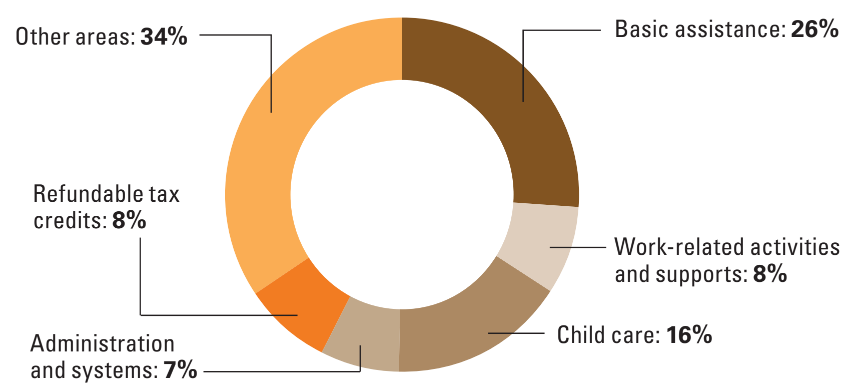


Chart Notes and Sources

1. The federal poverty level (FPL) for a family of three in 2015 is about $1,674 per month in the 48 contiguous states and Washington, D.C.; Alaska and Hawaii have higher poverty levels. Source: Calculated from 2015 Health and Human Services Pverty Guidelines and CBPP-compiled data on July 2015 benefit levels.

2. Deep poverty = income less than 50% of the FPL. Source: CBPP analysis of Census' Current Population Survey, additional data from Health and Human Services TRIM model.

3. Total does not add up to 100% due to rounding. Source: CBPP analysis of Health and Human Services 2014 TANF financial data.

APHSA "Locals" Charting a New Pathway to Prosperity and Well-Being

By Kelly Harder and Christine Tappan

Across the United States, there are 3,069 counties and more than 89,000 cities. Within these local governments is an array of essential services that often touch their residents' lives on a daily basis, such as schools, road construction and maintenance, corrections, health, housing, and social support programs. In 2015, county governments invested $58 billion[1] in local human services. The reach and scale of local human services is enormous, and the potential to leverage this capacity to build well-being for Americans where it must be constructed—in local communities—represents a tremendous opportunity for achieving the change we seek.

Local human service agency leaders have come together for multiple years through APHSA's National Council of Local Human Service Administrators (Local Council). These local leaders share best practices and collaborate in their efforts to improve their service delivery systems. As an integral part of the APHSA family, the Local Council works to exert a positive influence on development of national policies and programs affecting local human services and to promote the professional interests, competence, and leadership of county and city public human service administrators in the United States.

Beginning in 2014, the Local Council committed to leveraging the collective strength of its collective partnership by focusing on a specific high-value proposition (see text box at right). In order to improve outcomes for families, Local Council member agencies are designing and implementing strategies to reduce the historical separation between housing, human services, and health systems. Agencies are also increasing the focus on upstream prevention-oriented programming, and developing data-driven, cross-sector solutions. Locals are proposing we leverage and deploy our entire service delivery continuum in our counties to better serve and achieve enhanced impacts on the lives of those we serve. To accomplish this, we will need the cooperation from many federal and state agency partners that will allow us to blend and braid funding and policies to achieve individualized movement toward enhanced overall well-being.

The "Local" Opportunity(ies)

Over time, many of us undertake upgrades and renovations on our homes to maintain the quality of the structure and adapt the living space to our changing needs. Choosing which upgrades and renovations are most critical to achieve the outcomes we desire requires an honest assessment of our time, budget, and goals.

Similarly, many of APHSA's local member agencies have been carefully reviewing their health and human service systems and considering ways to upgrade or renovate their programs and operations to strengthen their organizational capacity and effectiveness. They have used this information to reflect on and make further adjustments to advance in their journey along the Human Services Value Curve,[2] a framework to help leaders envision and create a path for their organization to reach desired individual, family, and community-centric outcomes.

Within 10 years, the Local Council will transform the health and well-being of communities across the country by shifting programming and funding upstream into prevention-oriented and consumer-driven cross-sector solutions that improve outcomes across the lifespan and significantly reduce high-cost institutional interventions within a "social determinants of health" framework.

In order to deliver targeted, high-impact interventions, Local Council members across the country are concurrently designing, developing, and implementing new initiatives. Critical innovations include a common assessment process and case management platform with sharable data metrics and outcomes. Collectively the Locals propose "creating a pathway for prosperity and well-being" by designing, testing, evaluating, and spreading key elements of a fully integrated and effectively coordinated health and human service system that can be tailored to local organizations' maturity, resources, and priorities.

The vision and mission for how local organizations can best achieve the health and human services they desire focuses on four primary components:

1. A *"Practice Model for Well-Being"* that includes a fully integrated and comprehensive system of practice, inclusive of health, where any door is the right door
2. A coordinated, individualized universal assessment and holistic casework approach that promotes employment and self-sufficiency for those who can work and collaborative case planning for all clients
3. Evidence-based tools that can be leveraged by caseworkers and clients to flexibly manage and distribute benefits tailored to the true self-sufficiency needs of the family
4. An array of housing, educational, and employment options and accompanying supports for transitional youth and their families that look holistically across the family needs for improved well-being

Impacting Local Communities: A Practice Model for Well-Being

When thinking about a community, and all the resources, services, supports, organizations, and programs

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that contribute to well-being, it can be hard to picture all of this at once. Many people are familiar with only a small fraction of what exists in their community—and sometimes the different services and systems do not know each other as well as they should and do not interact, making coordination extremely difficult. In recent years, leaders in the fields of human services and health have begun talking about ways to ensure that the separate services are effective, but also that they work together—as a "system of care."

Local member agencies are in varying stages of designing and implementing integrated systems. Some have fully defined interconnected systems with moderately sophisticated assessment and service delivery approaches, while others are just beginning to conceptualize their primary entry points or "front doors." All agree on this ideal set of four elements for a Practice Model for Well-Being:

1. **"Every (or Any) Door is Open"** entry into the system (EDO), including health, housing, economic assistance, child care or welfare, disability services, corrections, law enforcement, or community-based organizations
2. **"Ease of access"** strategies, such as self-assessment of need (individuals know where they need to go), real-time and robust referral protocols to services (to help people find the best route), streamlined approaches to eligibility determination and compliance with multiple program requirements, including documentation and monitoring
3. **Shared screening and decision protocols** for all health and human services, which should include, where possible, a collaborative risk and opportunity assessment that uses individual assessment, coupled with predictive analytics framed by social determinants of health, and focuses on core outcomes of safety, health and well-being, and self-sufficiency
4. **Casework and service planning** that is collaboratively developed, delivered, and able to measure outcomes and impact

A set of principles, informed by a body of research and best practices, guide these elements. These principles include:

- **Solid prevention- and strengths-based orientation**
- **Two-generation and multi-generation approaches**
- **Holistic, person-centered, and customized service planning**
- **Both pre-trauma and trauma-informed strategies**
- **Sustained attention on fatherhood engagement**
- **Commitment to defining and tracking of a set of common indicators across all well-being and health domains**

Kelly Harder is the director of Dakota County Human Services and chair of the APHSA Local Council.

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

Assessment as the Keystone of Well-Being: The Self-Sufficiency Matrix

When constructing a building, a stone sits at the center of an archway—the keystone that locks all of the building's pieces together and stabilizes its structure. Its role, while not obvious, is critical. One might describe assessments in health and human services as the keystone to building well-being. Over the last decade, substantial evidence indicates a relationship between assessment, case planning, and the promotion of well-being. Successful health and human service delivery depends on that keystone—comprehensive, holistic, and prevention-oriented assessments of individual, child, and family needs.

Like a keystone, much of what makes an assessment process powerful and effective is invisible. Hidden within a well-designed assessment is a thorough understanding of family strengths and resources, which makes it possible to co-create and implement solutions with the family and community providers. Person-centered planning, combined with ongoing monitoring of changes in family needs and capacities, and shared common client data to the degree possible among multiple community providers, promotes optimal targeting of interventions, enhances the EDO approach, and saves both time and cost by avoiding service duplication. When agencies use these approaches with all families—including those with an array of needs and risk factors—it is possible to maximize successful growth in individual and family self-sufficiency, and to use system resources more efficiently.

To create substantive change, many local members are shifting their practices and system infrastructure to use assessment as the keystone within a Practice Model for Well-Being. These agencies are redesigning programs toward an integrated approach, coordinated across systems, with a universal assessment process and holistic casework practice at its center that aims to ensure collaborative case planning and promote self-sufficiency. Local members call this process the Self-Sufficiency Matrix (SSM). Using common, non-clinical language, the SSM allows both the family and the case manager to understand, talk about, and plan around the pillars of family stability and well-being within the Social Determinants of Health context. In order to thrive, all families move through their lives navigating their health, financial well-being, network of relationships, neighborhoods (the types of food available in local stores, even the quality of the air and water, and the relative safety of their streets). The SSM provides a

case-planning framework that is rooted in financial planning and economics but is accessible, using plain language.

Tools for Constructing Well-Being: The Self-Sufficiency Financial Calculator and the Financial Cliff Forecaster

For all of us, financial stability is essential to reach our potential and thrive. Stresses like job and income loss or family health emergencies make everything harder. Many families lack the resources necessary to weather large, or even small, shifts in their financial stability. Even short-term hardships can quickly strain resources and capabilities, negatively affecting an individual or family's social, emotional, and physical health. In fact, 63 percent of Americans do not have enough savings to cover a $500 emergency.[3] Chronic poverty generates even greater stress. Over time, it drains mental bandwidth, reducing space for problem solving and planning for future self-sufficiency, as well as for parenting, household management, job performance, and other important life responsibilities.

In many instances, agencies issue benefits to address these symptoms and miss the opportunity to identify and address significant root causes. The current system reacts to, and provides, "defined benefits" or "treatment" for symptoms. The current system of benefits eligibility and distribution does not use a standardized self-sufficiency scale to categorize the actual degree of need (i.e., crisis, at-risk, safe, stable, thriving) that would make it possible to put federal, state, and local funding to work to offer each family an individualized forward path toward self-sufficiency. Benefits are also not currently structured in a way that acknowledges the way in which a challenge in one area of life affects another (e.g., the role of affordable child care in achieving job stability). By addressing root causes and better aligning investments, improved outcomes can be achieved. When issuing benefits, the human service system is not structured in an agile way that promotes recipients' financial empowerment or literacy. As a result, unsustainable financial situations can result in individuals and families needing to access emergency benefits repeatedly.

The Local Council proposes strategically adjusting the current entitlement and eligibility-based methodology for distributing financial supports to increase the likelihood of improved overall outcomes for individuals, setting them on a path toward greater self-sufficiency. The Local Council has joined to design self-sufficiency tools, a ***Self-Sufficiency Financial Calculator*** and a ***Financial Cliff Forecaster*** that caseworkers and clients can use to flexibly manage and distribute individualized benefits tailored to the true self-sufficiency needs of the family. These tools create the capacity to assess and evaluate a family's self-sufficiency "financial readiness" in an "as-is" state and then develop the ability to apply financial assistance modeling and related investments across the social determinants of health in order to affect the overall self-sufficiency plan.

The Role of Housing in Constructing Well-Being

Lack of access to affordable housing is likely to be one of the most difficult barriers to eliminate. Coordinating integrated health and human service systems is critical to the success of these efforts. Many local members participate in state and national efforts to reduce homelessness, with some success. In communities where cost burdens are high or there is rapid growth, however, many local members continue to see growth in family and youth homelessness. To break the cycle of intergenerational poverty and give these young families and their children a chance at becoming gainfully employed and self-sufficient, there must be wrap-around services to provide them with social and emotional support and eliminate the barriers to housing, child care, health care, child support, and food insecurity. Many have also aged out of the child welfare and may need specific supports targeted toward their unique trauma-related needs.

The power of APHSA's local members is the opportunity to demonstrate an evidence-based approach across diverse localities nationwide. The goal of local members is to test and spread a two-generation approach focusing on young, homeless families, specifically disconnected youth and their families in multiple local jurisdictions simultaneously. To accomplish this, they plan to:

- design and implement a set of targeted interventions
- identify and remove federal, state, and local policy barriers
- simultaneously create new braided and blended funding streams in order to scale up these services across our diverse communities

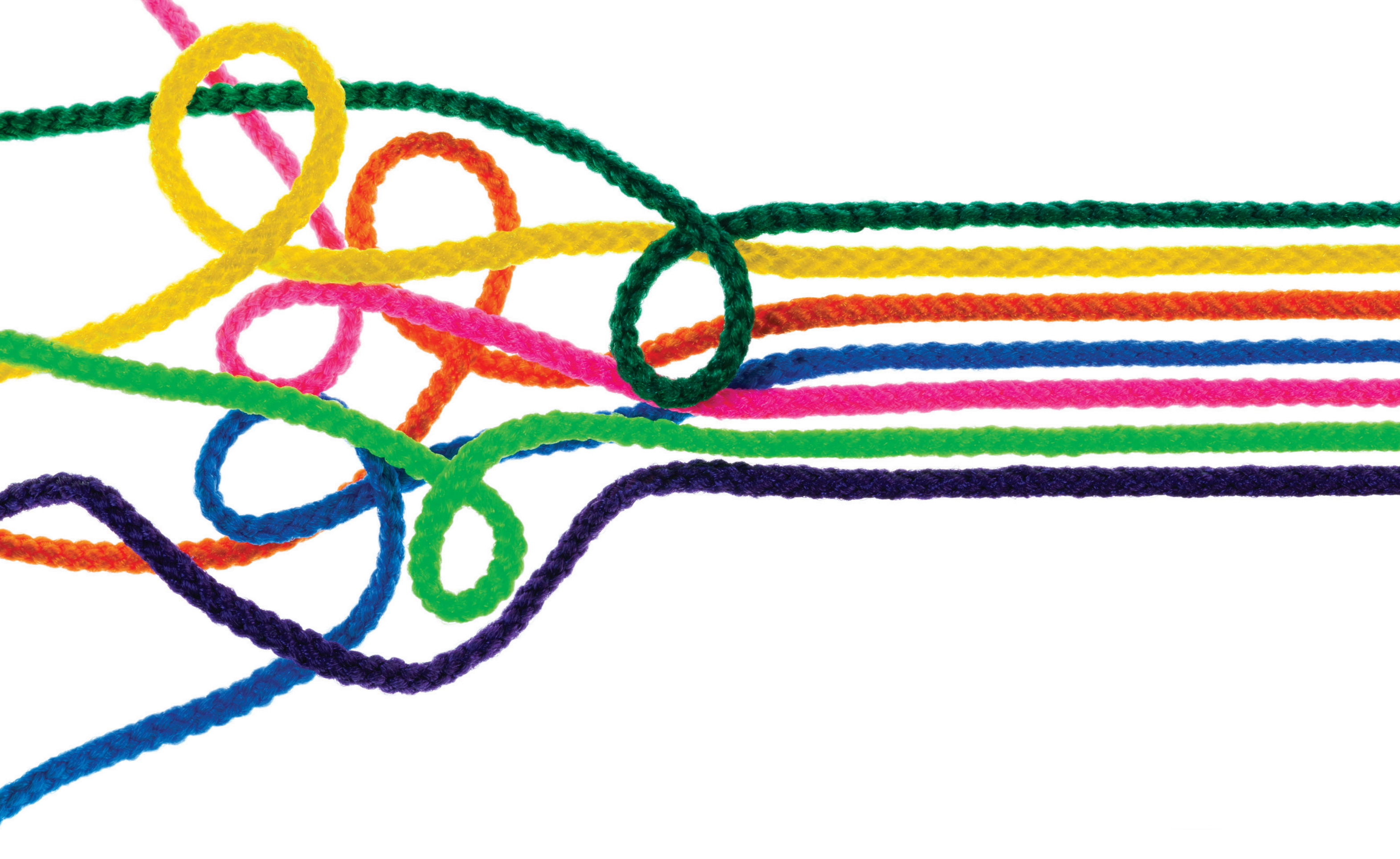
Anchoring this work in universal, holistic, family-focused assessment tools like the *Self-Sufficiency Matrix, Self-Sufficiency Financial Calculator,* and *Financial Cliff Forecaster* will create a comprehensive and viable approach that will be scalable and flexible across jurisdictions.

Local agencies are natural laboratories for generating transformative change that can achieve improvements in service response more quickly, along with supports to families. Local agencies are among those at the forefront, developing and testing models and tools to generate a more viable environment by strengthening families' capacities and foundations.

This article is an excerpt from the Local Council "A New Pathway to Prosperity and Well-Being" vision document. For more information about the Local Council vision, or to learn how you can get involved, contact Christine Tappan, APHSA Local Liaison, at *ctappan@aphsa.org*.

Reference Notes

1. For information is available at *http://www.naco.org*.
2. Leadership for a Networked World. The Human Services Value Curve: A Framework for Improved Human Services Outcomes, Value, and Legitimacy. *http://lnwprogram.org/sites/default/files/HSVC%20Guide.pdf*.
3. McGrath, Maggie. "63% of Americans Don't Have Enough Savings to Cover a $500 Emergency. *Forbes*, January 6, 2016. Retrieved from *http://www.forbes.com/sites/maggiemcgrath/2016/01/06/63-of-americans-dont-have-enough-savings-to-cover-a-500-emergency/#33acc5e66dde*



Cabarrus County Department of Human Services' clients were frustrated by a confusing lobby and long waits, which had a ripple effect on the agency's efficiency and service delivery. The department redesigned its lobby, upgraded technology, and modernized business processes to reduce client and caseworker frustration and process applications for services much faster.

Walking into Cabarrus County Department of Human Services (CCDHS) is like night and day for people who need economic assistance.

Before a recent business process overhaul and modernization of the lobby, clients often waited in long, confusing lines. They were frustrated, as were the caseworkers trying to help.

To improve service delivery, the agency redesigned the lobby, updated its appointment management software, and modernized business processes to provide services more holistically and more quickly to clients.

Where Did Things Go Wrong?

The department was performing well until the economic downturn hit. From 2008 to 2013, the number of Cabarrus County residents eligible for Medicaid increased by 33 percent. The number of residents eligible for food and nutrition services increased by 62 percent.

The agency also faced many of the same pressures as other agencies across North Carolina and the country:

- An influx of clients seeking Medicaid through the Affordable Care Act
- Adjusting to the new case management system, NC FAST, which initially created a backlog as workers learned to enter applications and recertifications
- High caseloads during traditionally busy times, including Thanksgiving, the end of the school year, and crisis and energy assistance seasons

The agency worked hard to keep up with the volume of clients, but inadvertently neglected to keep existing business processes and technology updated. The agency reverted to manual processes that only exacerbated the problem in the lobby and throughout the organization.

To manage the overloaded lobby, the department added a DMV type of ticketing system, requiring every client to take a ticket and see a front desk worker whether the client was there for a scheduled appointment, walking in, dropping off documents, or making a simple change in name or address.

For walk-ins, the agency bypassed a built-in round-robin feature in the appointment management software that automatically distributes clients to caseworkers based on availability, as defined by automated business rules established by the agency. Instead, a clerical worker manually assigned each client.

How Did They Turn Things Around?

CCDHS partnered with Northwoods to do a Health Check, where

How a Modernized Lobby

Turns Chaos Into Calm

By Greg Tipping

Northwoods evaluates how well software and business processes are working to meet business needs.

The Health Check found these main challenges:

- Regression: Not upgrading the software for six years led to inefficient workarounds and manual processes, because the available technology was either not trusted, not understood, or did not match current business needs.
- Inefficient processes: Manual processes and workarounds caused caseworkers to pick up clerical tasks and decreased all workers' efficiency.
- Communication issues: Management and IT were not effectively educating workers about technology or business process changes.
- Poor customer service: The confusing and inefficient lobby flow led to long wait times and client frustration.

The department had multiple problems and the technology was only a part of the issue. The business processes needed to change, but the technology was not maintained to meet the business need. Caseworkers had created many workarounds that undermined system usage and the efficiency they could achieve, and were actually creating additional work.

In response, CCDHS implemented these key recommendations to modernize business practices and improve the delivery of services:

- Mitigate regression: Upgrade and fully utilize software, and maintain a current version to avoid regression.
- Modernize business processes: Eliminate manual processes that can be automated to free up caseworkers and clerical workers, and to improve efficiency.
- Improve communication: Develop a cross-functional change management team, update standard operating procedures (SOPs), and develop ongoing communication and training for workers to improve morale and reduce regression.
- Improve customer service: Redesign the lobby by adding a greeter to improve client flow and reduce client wait times and frustration. Enforce SOPs so the process is consistent for every client at every visit.

Improving Service Delivery

The department re-engineered its business processes and redesigned the confusing and inefficient lobby flow to decrease wait times and reduce client frustration.

When clients walked in before, they took a ticket and waited to be called to the window to drop off documents, change information, or check in for an appointment. Clients waiting to see a caseworker sat in the lobby, sometimes for up to two hours during busy times, without any indication where they were in line.

Now when clients walk in, they immediately speak to a greeter, who electronically checks them into the upgraded appointment management software on a tablet. Monitors in the lobby show clients their place in line and ding and light up when their caseworker is ready. Client wait time has been dramatically reduced.

The new process eases client frustration because they know where to go and can see where they are in the lineup.

With the new business model, caseworkers save 10–20 minutes per client. Caseworkers that see five to six clients per day are saving one to two hours daily to spend processing their cases and collecting necessary information, documentation, and verifications to process applications faster.

"That means that families have food to eat and medical care. And those are two things that are very important," said Pam Dubois, senior deputy county manager.

Caseworkers are no longer spending appointment time explaining long lobby waits and dealing with frustrated clients. By spending less time defusing client frustrations, they can spend more time helping them access services.

Improving Communication

Poor communication from management left caseworkers feeling confused about the processes they were expected to follow.

In addition, information technology (IT) is housed with the county, not the department, so communication breakdowns between IT and the program side were common.

The communication issues caused several challenges:

- Inconsistent processes: Workers developed disjointed, manual processes to get their jobs done. Clients experienced different processes depending on which worker they worked with.
- Poor communication methods: The agency relied on email to communicate changes that caseworkers often missed. In addition, management failed to explain why business processes were changing so caseworkers didn't understand how it affected them or how changes fit into the big picture.
- Technology mismatched to business needs: CCDHS fell into a familiar pattern: the program side of the department asked for IT help; IT provided technology; the program side didn't use the technology because it didn't match business needs; IT got frustrated because the technology wasn't being used.

Lobby greeter Vessie Tenorio, Income Maintenance Caseworker I.

To improve communication and standardize business processes across the agency, CCDHS adopted SOPs so all workers understand the processes. Clients now have a similar experience every time they visit the department.

To bridge the communication gap between IT and the program side, IT dedicated a business analyst for the project who understands the technology, and is immersed in the department's processes to understand how the technology will or won't meet the business needs. The business analyst will also help with ongoing needs.

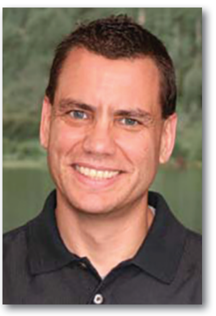
Internally, the department banned one-size-fits all emails. Now a cross-functional change management team determines process changes, which they take back to their teams through one-on-one or department meetings. Workers hear the same message. Because the changes are explained by their supervisors, workers understand how new processes and software affect their specific roles.

> "We have a very short period of time to develop a rapport with people and to interview and get as much information as we can to be able to process the application. When they are in a more relaxed state it's so much easier to talk to them."
>
> —NATALIA YOUNG, INCOME MAINTENANCE CASEWORKER II

Business Model of the Future

By modernizing business practices, Cabarrus County DHS is progressing through the second stage (Collaborative) of the Human Services Value Curve, which APHSA has further refined through its Health and Human Services Integration Maturity Model 2.0[1] and into the third stage (Integrative) where agencies are "addressing and solving the root causes of program participants' needs and challenges by seamlessly coordinating and integrating services."

See Cabbarus County on page 43



Greg Tipping is the chief services officer and vice president of State Operations at Northwoods.

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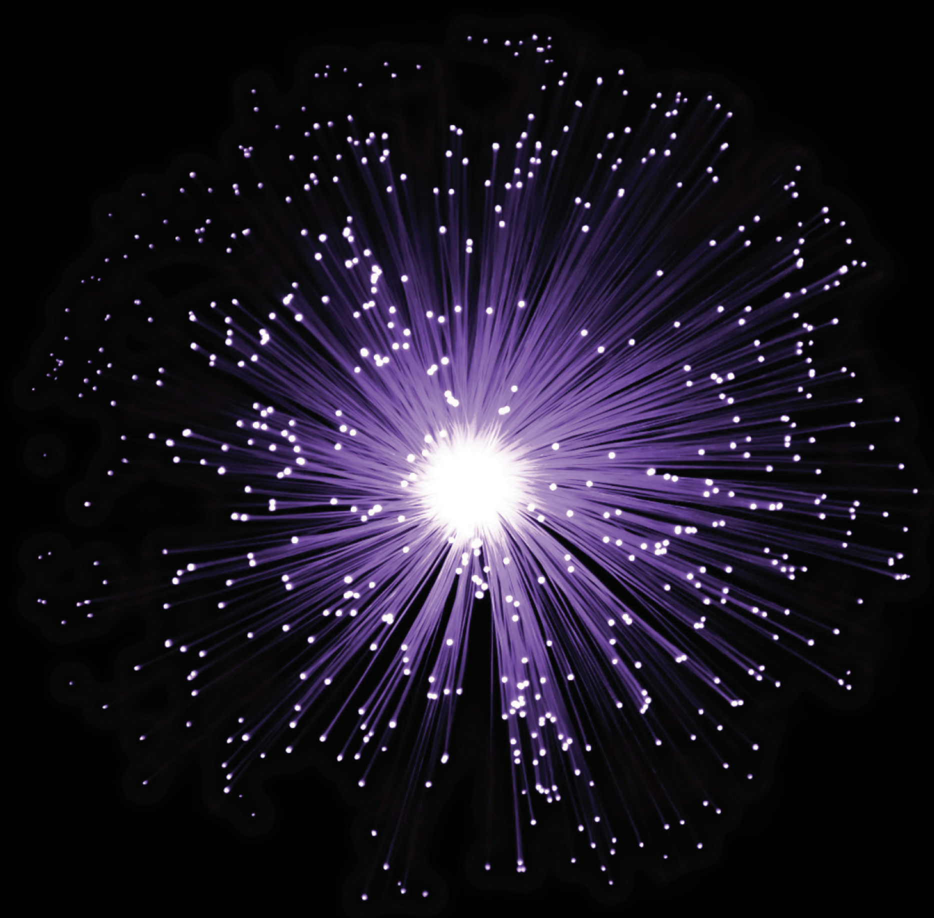

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AVOIDING
DUPLICATES

NATIONAL ACCURACY CLEARINGHOUSE HELPS STATES SAVE MILLIONS BY FIGHTING DUAL PARTICIPATION

By Reshma Khatkhate and Chris Larson

Photo illustration by Chris Campbell

Hurricane Katrina obliterated coastal towns, took hundreds of lives, and displaced more than 400,000[1] people throughout Southern Louisiana and the Mississippi Gulf Coast. For example, in Mississippi alone, more than one million individuals were impacted by the storm with more than one in six citizens seeking assistance from the Federal Emergency Management Agency (FEMA).

But long after short-term assistance ended and the FEMA trucks left, the massive diaspora of people from around the Gulf Coast continues to affect health and human service (HHS) programs like the Supplemental Nutrition Assistance Program (SNAP) and Disaster-SNAP (D-SNAP).

Unfortunately, it is inevitable that government assistance fraud will follow natural disasters. Moreover, the post-storm chaos and displacement from Katrina provided perfect conditions for some bad actors to cross state lines to enroll in multiple SNAP and D-SNAP programs.

Both taxpayers and disadvantaged needy state residents who rely on the aid suffer the most when fraud and false claims drain the system. In Mississippi, residents are in favor of helping struggling families put much needed food on the table, but they also want to be assured that their taxpayer dollars are spent efficiently and only going to those who are truly in need. That is why the Mississippi joined forces with four neighboring states who were also profoundly affected by Katrina—Alabama, Florida, Georgia, and Louisiana—to create the National Accuracy Clearinghouse (NAC), a multistate data exchange designed to assist states with the challenge of identifying and preventing the duplicate issuance of benefits to recipients and to eliminate improper payments within SNAP and D-SNAP. Dual or duplicate participation occurs when a person, inadvertently or intentionally, applies in more than one state during the same calendar month for government benefits.

The NAC's success has been remarkable. Since the pilot launch in 2014, the states of Mississippi and Alabama both realized an 80 percent decrease in dual participation for the 12-month pilot period. The NAC's preventive cost savings for all five states was $5.6 million. That is just five states for one program. Just imagine the impact if the NAC model were adopted nationwide not only for SNAP, but for Medicaid, Temporary Assistance for Needy Families (TANF), the Children's Health Insurance Program (CHIP), and other HHS programs.

"The success of NAC to date has been overwhelming, and when implemented nationwide is estimated to save millions,"

said Joel Savell, former state NAC coordinator at the Mississippi Department of Human Services.

HOW THE NAC WORKS

The NAC is a state-to-state data-sharing program addressing SNAP and D-SNAP improper payments. It was designed to reduce dual participation and ensure that food resources only go to truly underprivileged beneficiaries, made up largely of children and elderly and disabled individuals, as well as those who need food assistance following a disaster or lost income.

The consortium of states initially set up the "Buddy State Exchange" system, allowing each state to compare data with certain other states, selectively. After experiencing challenges with large data volumes, manual processes, and lacking a comprehensive view of their identities by means of identity resolution, the Buddy State Exchange program evolved. With grant support from the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), what started as an exchange would become the NAC. The consortium selected LexisNexis Risk Solutions to build a system that could handle massive amounts of data on HHS recipients and share that information securely. A successful one-year pilot was completed in August 2015.

The NAC platform is quite innovative. It utilizes advanced data linking technology and identity analytics to detect whether public assistance applicants are receiving multiple benefits within and across state lines. Using the LexisNexis Risk Solutions open-source high-performance computing cluster (HPCC Systems®) technology platform, it enables participating states to resolve the identities of applicants and recipients uniquely and accurately, in real time, to determine if they are already receiving or applying for benefits in another state.

Until the NAC, state HHS agencies had to rely on a range of approaches to help detect fraudulent applications and claims, including the Public Assistance Reporting Information System (PARIS). State HHS agencies are required to submit information on all participants via this system, which only looks for a SSN data match to send results back to states for action.

Without the advanced linking and identity resolution that the NAC provides, the PARIS matching process fails to utilize the majority of identity information contributed to provide a comprehensive match. The result: many missed matches, a high false-positive rate, and an extremely inefficient and labor-intensive process, which often result in a misdetection of dual participation. In addition, PARIS' data are not timely. Reporting occurs quarterly and significantly lags the distribution of benefits, forcing agencies to resort to "pay-and-chase" recovery tactics. The "pay-and-chase" model presents a number of challenges for states, beginning with resource needs and coupled with the reality that already distributed funds have a high unlikelihood of recoupment. In addition, the NAC states identified that a large number of their beneficiaries legitimately moved on a month-to-month basis, something that only the NAC's real-time model could account for.

For a state like Florida that utilizes an automated PARIS process, the NAC's immediate identification of 3,000 dual participants that PARIS had missed, was revealing. The need for a real-time solution with advanced identity resolution is why states like Alabama and Georgia choose to join the project to create the NAC rather than implement a PARIS solution. It is also why so many states that are participating in PARIS are reaching out to learn about how they can join the NAC.

The NAC, by comparison, uses not only a post-issuance benefit matching but also a "prevention approach" that strengthens program integrity by making any necessary fraud-mitigating determinations at the point of application, before benefits are ever distributed. Due to the complexities of state eligibility systems, the NAC had to accommodate multiple ways for states to access its data. The NAC portal is a web interface, allowing participating states to search new applicants with a query-based model. System-to-system access to the NAC is also available through batch data

From left to right:

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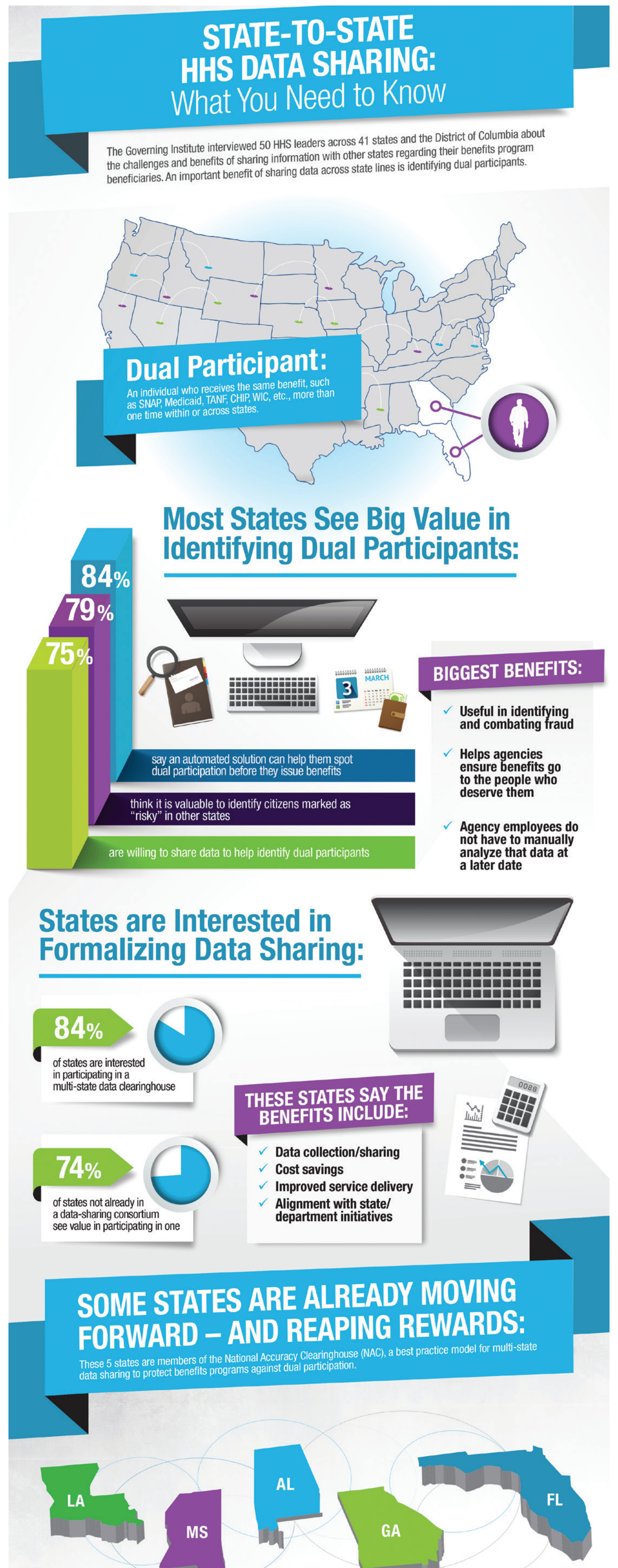
Reshma Khatkhate is a senior program administrator in the Division of Field Operations at the Mississippi Department of Human Services.

Tim Meeks is a senior project manager of the National Accuracy Clearinghouse at the Mississippi Department of Human Services.



Graphic courtesy of Governing Institute

submission and the preferred method is the direct system-to-system web service integration. Through these means, the NAC allows maximum flexibility in its integration into each state's unique work environment. The NAC puts the required information at the fingertips of caseworkers so that duplication or suspicious identities can be resolved before benefits are approved.

WHY THE NAC NOW?

With a budget exceeding $80 billion annually, SNAP is the largest program in what the USDA refers to as "the domestic hunger safety net," serving more than 45 million disadvantaged Americans. With so much at stake and increased federal scrutiny, program integrity is essential. Thus, effective mechanisms must be in place to prevent losses from inappropriate or fraudulent applications for benefits.

SNAP fraud was once thought to be negligible, but not anymore. Analysis shows that both individuals and organized groups have escalated their activity, largely thanks to the fact that in the Internet era, state programs have gone online, making identity fraud easier and more lucrative to perpetrate.

In addition, claims based on fabricated or incomplete identities are compromising the program's resources. A fraudster may start with real identity fragments from different individuals—like a Social Security number (SSN) and address—then compile these fragments into an ever-growing number of new synthetic identities to apply for benefits.

The NAC has also revealed that a small portion of recipient data contains questionable information. For example, placeholders have been seen for SSNs, dates of birth, and addresses. While there may be legitimate reasons for this, it increases the program's overall risk for fraud.

The NAC positively affects legitimate beneficiaries who are playing by the rules and bolsters SNAP's integrity by weeding out waste and loss. It helps ensure the public that government agencies are doing everything they can to administer their taxpayer dollars properly. These program integrity efforts help preserve SNAP's sustainability and its ability to serve its most vulnerable populations.

GROWTH POTENTIAL NATIONWIDE

Based on its proven track record, the Mississippi Department of Human Services and other state agencies see great promise in not only expanding NAC nationwide, but in applying the solution to other government public assistance programs.

Consider the numbers. In addition to the aforementioned cost savings, Mississippi saw a 71 percent decrease in the average number of dual participants per month when compared to pre-implementation

See NAC on page 48

Planning for an Incremental Approach to Modernization

By Paul Hencoski

Illustration via Shutterstock

The world of health and human services IT Transformation is changing.

In virtually every industry, there is demand for faster and more nimble approaches to information technology (IT) transformation. Take the auto industry where, according to a 2013 *Harvard Business Review* article, the typical automotive design cycle had shortened to just 24–36 months; five years earlier this same cycle took 60 months.[1]

The impetus for change in the automobile industry seems fairly obvious; car makers had to keep up with customer demands for better, more efficient, and more technologically advanced cars so they sped up innovation cycles. Taxpayers and recipients of public services, including health and social service programs, have the same expectations. Yet government, and particularly the health and social service agencies and the vendor community that serves them, sometimes may make it appear that we are still acting like it is 1999. However, the tired attempts to rip-and-replace siloed systems with yet another monolithic transfer system are coming to an end.

A variety of forces is demanding this change. First, the speed and level of technical innovation are simply mind blowing. Second, the pace of regulatory change has never been faster. The Health Information Technology for Economic and Clinical Health Act, the Patient Protection and Affordable Care Act of 2010, the enhanced federal financial participation (FFP) for Medicaid modernization, the time-limited Office of Management Budget A-87 cost allocation waiver, and the newly adopted Comprehensive Child Welfare Information System rule, among other regulatory and funding changes, are both encouraging—and mandating—that we do things differently.

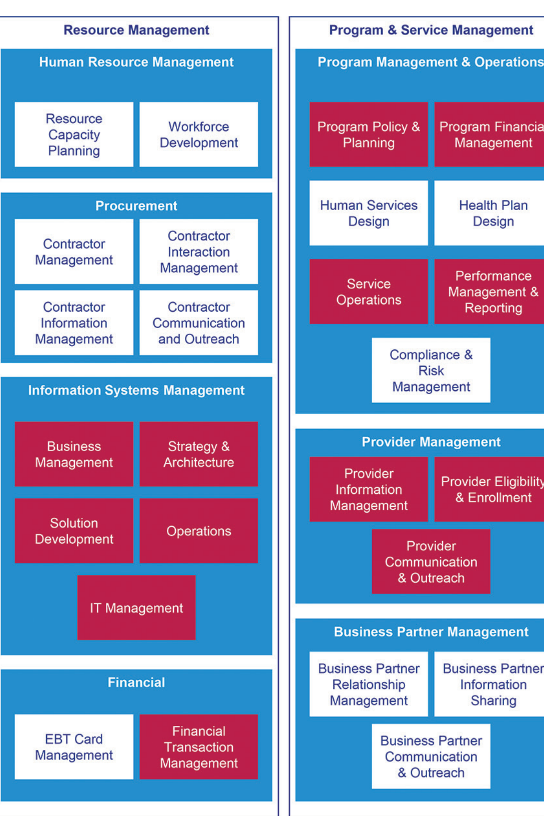
Despite some great successes in the industry, there have been simply too many costly failures and modernization efforts that do little more than re-platform antiquated legacy technology (and the associated business processes that go with them). Often these projects take too long, cost too much, and make only moderate improvements in the efficiency or effectiveness of case practice if they reach production at all.

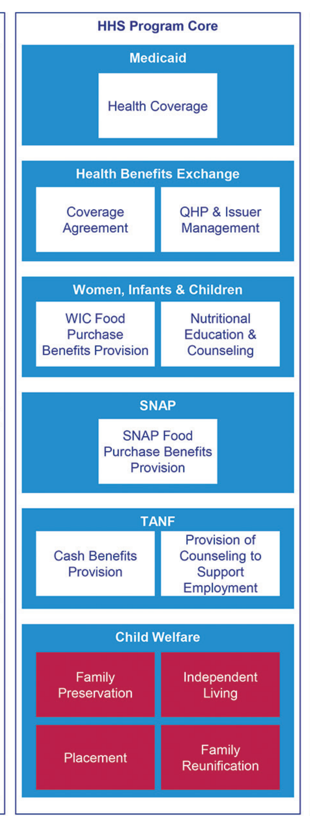
There are signs, though, that the industry is quite rightfully moving toward a more nimble approach to IT transformation. When viewing the business and IT environment through the lens of the capabilities needed to support a new business model, technology becomes the solution enabler, not the solution itself. The initiatives taking such a view typically leverage a more incremental approach to planning and an agile development approach to deliver results quicker, help mitigate risk, and allow strategy adaptation, if needed, mid-stream.

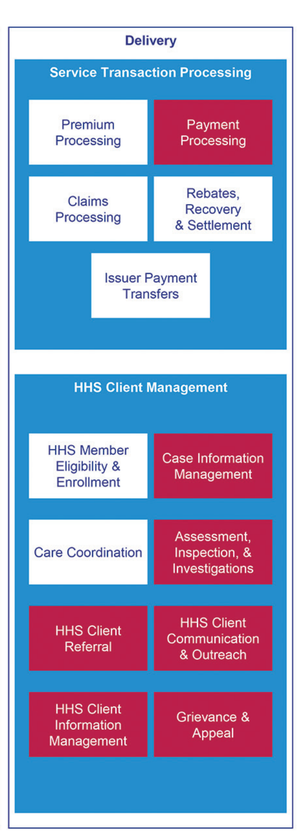
As is often the case with large-scale change, the temptation could be for the pendulum to swing too far the other way. Indeed, an "agile" approach that does not include a clear roadmap for reaching the desired end state, or that fails to account for realities such as the length of a public procurement cycle, is likely destined to fail.

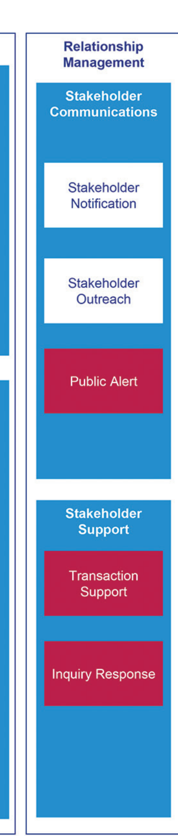
However, with a rather straightforward four-step planning process that can be accomplished as quickly as 60 days, an agency

Chart 1: Sample KERA Target Operating Model









seeking to adopt a more incremental and agile approach to modernization and systems development can do so with a clear vision for how to get to the finish line.

Step 1: Develop a Vision and Set of Guiding Principles

Before embarking on a transformation journey, it is important that the executive sponsor(s) of the effort establish a clear vision for where they want to go. Just as you would not start a road trip from New York to San Francisco without a clear idea of where you are headed, you should not start a transformation program without a definitive destination in mind. The risk is that without a clearly defined destination, you could end up driving around the country for years wasting gas money and wear and tear on your car, only to realize you never actually accomplished anything. You may have seen some great sights and had some fun experiences along the way, but the effort would not have been productive and, given the typical status of state budgets today, limited resources would have been wasted.

The vision should be informed through research and data regarding leading practices, input from frontline caseworkers, consultation with policy and technology experts, and others. The most important criterion for the vision, however, is that it must lay out a clear, unambiguous goal for the transformation effort that goes beyond simply replacing old technology. Indeed, analysis may ultimately reveal that perhaps some elements of the "old" technology can support the future vision just fine (such as back-end systems that have little impact on clients and caseworkers) while strategic investments in new technology (such as portals, mobile apps, and master person indices) are more critical. The fundamental question is, "What will success look like and how will it be measured?" The vision must answer this question.

In tandem to the vision, the executive sponsor(s) should establish a set of guiding principles. These act like guard rails in evaluating options for achieving the vision. They could include options like:

- Maximizing federal funding
- Enhancing system interoperability
- Minimizing worker impact while empowering workers to be more effective
- Maximizing reuse of existing technical investments
- Achieving the transformation within certain time parameters
- Reducing total cost of ownership for technology assets
- Limiting the need for multiple procurements

Achieving early consensus on the guiding principles is critical. During the planning effort there will undoubtedly be numerous options to consider with plenty of merit. The principles serve as reference criteria to inform the decisions related to such choices.

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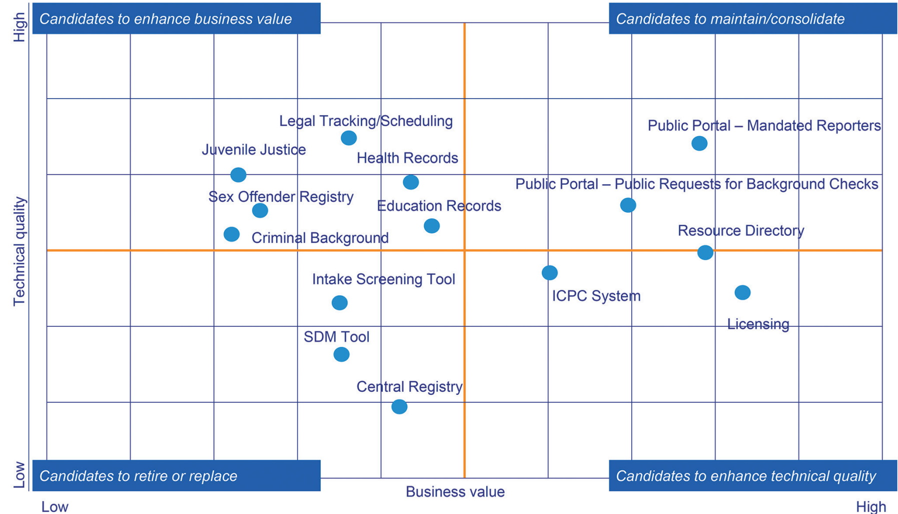
Step 2: Perform a Gap Analysis

Once the vision and guiding principles have been established, the next step is to identify what specific functional and technical capabilities need to be changed in order to achieve the vision. The most efficient way to perform this analysis is to use a reference architecture as a starting point. The federal architectures such as the Medicaid IT Architecture, the Centers for Medicare and Medicaid Services Exchange Reference Architecture, or the National Human Services Interoperability Architecture can all serve as baselines depending on which programs are in-scope for the transformation. That said, most states planning transformation efforts today, and looking to leverage the A-87 cost allocation waiver, will need to consider more than one set of federal guidelines and regulations. The KPMG Enterprise Reference Architecture (KERA) for health and human services integrates all three and is the tool we use for such efforts. It provides a foundation for a highly repeatable process that integrates lessons learned from our prior work and research into leading practice. That said, with a little bit of extra effort, a state can create its own reference architecture to use as a starting point.

The key at this stage is to stay firmly focused on the future. It is important to resist the temptation to reflexively look at the current state, which will limit thinking and constrain innovation. The whole idea is to identify the functional and technical capabilities needed to achieve the vision and to determine how they must interact to effectively achieve the vision in light of the guiding principles (see Chart 1).

Once the target architecture has been identified and the needed functional and technical capabilities isolated, the next step is to perform a gap analysis between the target architecture and the current state. The goal is to identify where capabilities may exist somewhere within the enterprise that could be leveraged in the future state. Where existing capabilities are found, a business value/technical quality (BV/TQ) assessment should be conducted to

Chart 2: Sample KERA BV/TQ Analysis for Child Welfare Transformation



"score" the viability of that capability to support the future vision.

The result of the gap analysis and BV/TQ is a list of all the capabilities that are required for achieving the future vision categorized into one of the following groups:

- Capability does not exist; build or buy is required
- Capability does exist and can be used as is
- Capability does exist with simple configuration changes
- Capability does exist and can be used with more than minor configuration changes
- Capability does exist but must be completely rebuilt or replaced

The result of this step is a set of initiatives that serves as the first input toward an agile roadmap for modernization (see Chart 2).

Step 3: Perform Options Analysis for Needed Modernization Initiatives

For each discreet initiative identified in Step 2, options must be assessed for achieving the needed change. This analysis should include:

- A close examination of where reusing design, software (code), or other artifacts may be possible to accelerate an implementation—either from within the enterprise or from another similar initiative elsewhere in the country
- Research to identify where capabilities might be purchased off the shelf
- Analysis to estimate the level of effort and risks associated with building or customizing to meet state needs

For each option, a high-level cost estimate for development and total cost of ownership should be developed so agency leadership can have a sense of the full cost of achieving the future vision. Once all options have been established and the requisite information summarized, the executive sponsor(s) must make decisions about which options to use and an indication of their potential priority. This will serve as a key input to the roadmap.

Step 4: Develop a Roadmap

The final step in this recommended planning process is to develop a clear roadmap for achieving the vision. The roadmap should be incremental and establish clear initiatives to be undertaken with a specific timeline. The timeline should allow for "quick wins" that will help achieve early successes and build momentum and enthusiasm for the transformation effort. The roadmap should be developed considering the guiding principles established in Step 1 as well as other factors, such as:

- **Funding:** Deadlines and allowances for federal funding and the state's available budget are primary inputs. Crucial funding dimensions to consider include maximizing use of enhanced FFP, the cost allocation

See Modernization on page 50

technology speaks

By B.J. Walker and Tiffany Dovey Fishman

Transformational Human Services

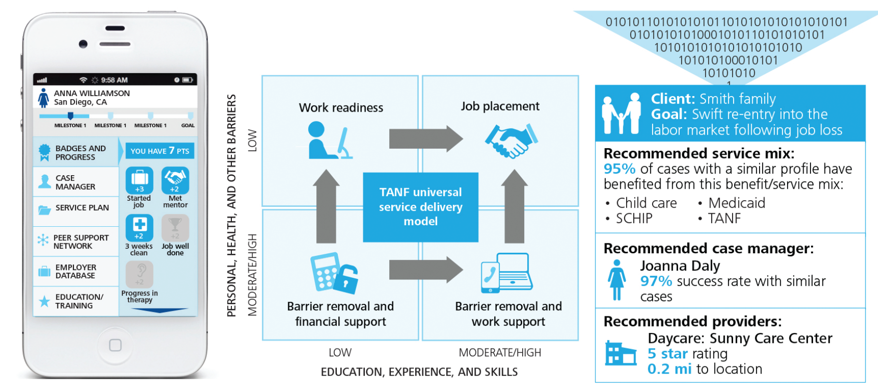
Moving to a New Paradigm

Although its core mission is to improve the trajectory of people's lives, human services has long been more transactional than transformational. Success is defined primarily by the timeliness and accuracy of transactions rather than their results. This has led to a model in which "outcomes" are in fact merely outputs: Did we issue food stamps in a timely fashion? Did we respond to 95 percent of our hotline calls within 24 hours?

But transactional measures alone cannot effectively support the kind of outcomes for which human service systems were created. When human service systems experience their worst failures, where it matters the most, it often becomes obvious that traditional performance indicators do not guarantee meaningful, mission-critical outcomes for the people who rely on these services.

Moving beyond a strictly transactional business model to one that is also transformational requires action on three fronts (see Figure 1).

Figure 1: Three Principles for Moving from a Transactional Busines Model to a Transformational One



PRINCIPLE 1
Accelerate the value of self-service through automation

Use technology, smart product design, and automated processes to redesign the "front door" for human services, making it a customized entrance that combines the information that clients input themselves with behind-the-scenes automation not just to determine eligibility, but also to offer clients a truly personalized path to greater self-sufficiency.

PRINCIPLE 2
Redesign programs to serve unique customer segments

Rethink the design and delivery of programs to take into account the diverse spectrum of clients human services serves, delivering tailored services that better meet the needs of different customer segments.

PRINCIPLE 3
Transform practice through analytics

Use analytics to transform the entire human services delivery cycle, from how agencies define and target problems and how they use data to inform how case workers approach their day-to-day work, to how they challenge long-standing beliefs about what works and then use what they learn to reform their policies and practice.

Graphic courtesy of Deloitte University Press

Principle 1: Accelerating the Value of Self-Service Through Automation

Caseworkers are the front line, and often the people best situated to improve the trajectory of clients' lives. Too often, however, they are shackled by paperwork and kept from the hands-on work that actually transforms lives.

Thanks to technological advances, agencies can dramatically reduce the paperwork burden through more robust self-service models that enable caseworkers to redirect their time and energy to the work that draws many to social work to begin with.

Many states are pursuing "no-touch" or "low-touch" eligibility systems that automate medical-assistance applications and processing. The systems use data exchanges and real-time verifications requiring minimal caseworker intervention. The time and cost savings from increased automation can be significant. One state realized a time and cost savings equivalent to a 230 full-time equivalent staff workload.

As these systems expand to other means-based programs, human service agencies can benefit from additional time savings accruing from automated application processing and other time-consuming tasks such as processing renewals and re-verifications—time that can be redirected to more transformational work.

Principle 2: Redesigning Programs to Serve Unique Customer Segments

Rather than simply identifying for which programs an individual or family is eligible, agencies are beginning to probe the circumstances that bring individuals and families into the

safety net, and target the problems that must be solved to get them back on their feet. Take Washington, D.C.'s tiered service model, for example.

In 2011, Washington, D.C.'s Department of Human Services Economic Security Administration started overhauling its Temporary Assistance for Needy Families (TANF) program using an assessment of specific client needs. The assessment is solution-focused and designed to uncover what has and has not worked in the past. Typical questions include: "How did you get by every day leading up to today?" "What changed to bring you here?" "What have you tried to address your problems?" "What worked and what didn't?"[1]

The assessment is designed to produce a customized profile that would help the agency categorize the client into one of four customer segments that offer a specific suite of services: job placement; work readiness; barrier removal and work support; and barrier removal and financial support.[2] The assessment is intended to drive an individual responsibility plan, a contract negotiated with the client, and a set of service referrals targeted to the customer. Early evaluation showed a tenfold increase in work activity among TANF recipients.[3]

Principle 3: Transforming Practice Through Analytics

Human service executives often find themselves waiting for data, when what they need is actionable information. Instead, they tend to review reports that describe what happened—but that are too late to affect the outcome. Data analytics can offer leaders and managers near real-time feedback and insights to help align the right actions with the right problems and see the impact of that action in enough time to change course if necessary. Take child support enforcement, for example.

America's child support agencies possess a treasure trove of historical data on the cases they manage—case-level information on income, monthly support obligations, employers, assets and arrears, prior enforcement actions taken, and more. Though highly useful, these data often go unused rather than being brought to bear to drive caseworkers' decisions and actions. As a result, the child support enforcement process generally has been reactive, with noncustodial parents (NCPs) typically contacted only after they fail to meet their support obligations.

Beyond informing the actions taken in a particular case, analytics also can be brought to bear in management decisions about how casework is prioritized and assigned.

Pennsylvania's Bureau of Child Support Enforcement is an exception to this rule. With 15 years of historical data, the bureau used predictive modeling to develop a "payment score calculator" to estimate the likelihood of an NCP beginning to pay court-mandated child support; of becoming in arrears at some point in the future; and of paying 80 percent or more of the accrued amount within three months. Based on this score, caseworkers follow a series of recommended steps to keep a case from becoming delinquent—scheduling a conference, for instance, or telephoning a payment reminder, or linking payers with programs that can help them keep up, such as education, training, or job placement services.

Beyond informing the actions taken in a particular case, analytics also can be brought to bear in management decisions about how casework is prioritized and assigned. More difficult cases can be assigned to caseworkers with more experience or specific skills. Managers can direct workers to focus attention on cases with the most significant potential for collections. And in cases in which the likelihood of paying appears to be very low, caseworkers can intervene early by establishing a nonfinancial obligation or by modifying the support amount according to state guidelines.

Using data to inform day-to-day practice helped position Pennsylvania as the only state that meets or exceeds the 80 percent standard set by the federal Office of Child Support Enforcement for all five federal child support enforcement performance metrics.[4]

Looking Ahead

Thanks to advances in technology and analytical methods and tools, human service agencies are now poised to move beyond transactional service delivery. When agencies can put their data in front of both clients and caseworkers who need it, in a way they can readily understand and in time to use the data in a way that affects results, then what was once a transactional business model can become a *transformational* one, capable of achieving potentially life-changing outcomes in an efficient and cost-effective way.

Reference Notes

1. District of Columbia Department of Human Services, *Integrated service delivery model,* October 2011, p. 21, *https://peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/Washington%20DC_Deborah%20Carroll%20PPT*
2. Interview with Deborah Carroll, June 26, 2013.
3. Ed Lazere, *DC's new approach to the TANF employment program: The promises and challenges,* DC Fiscal Policy Institute, February 23, 2012, p. 2, *http://www.dcfpi.org/wp-content/uploads/2012/02/2-23-12-TANF-Reform.pdf*
4. Bureau of Child Support Enforcement, Pennsylvania Department of Human Services, *http://www.dhs.state.pa.us/dhsorganization/officeofincomemaintenance/bureauofchildsupportenforcement/index.htm*

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By Carole Hussey and Joe Baile

Living in an Agile World

Know Before You Go

This has been the year of agility. We are going to build systems faster, cheaper, and better using an Agile methodology. There are some great elements of an Agile approach, however there are some things that you should be aware of before making the final decision.

What's All the Hype?

First of all, Agile is not really new. It began in the mid 1980s at DuPont. Responding to frustrations with the heavyweight and often bureaucratic processes associated with waterfall methodologies, 17 practitioners came together to write the "Manifesto for Agile Software Development" in 2001.

In the manifesto they agreed to four core values:

- **Individuals and interactions** over processes and tools
- **Working software** over comprehensive documentation
- **Customer collaboration** over contract negotiation
- **Responding to change** over following a plan

Two of the primary benefits of Agile are the opportunity for more robust stakeholder engagement and the flexibility to change and adapt throughout the lifecycle of the project. In a quest to improve project outcomes, mitigate risk, and avoid increased costs, the market is shifting to Agile.

Preparing for Agile

Moving to an Agile methodology is not just a technical decision. There are significant business implications and cultural changes for any organization. If you decide to make this change, it is critical to understand the challenges and to have a plan for how to manage them. Some potential mitigation approaches include:

Planning. The planning activities will provide a more accurate reflection of the investments needed, schedule, and resource requirements for implementing the solution into the business environment. Key activities for the planning phase include:

- Establishing Executive Sponsorship—Necessary for funding, human capital needs, and ultimate decision-making. If the organization doesn't see clearly the value and importance of the work, other priorities will interfere and make the process unsuccessful.
- Establishing a Governance Structure—This should include the right combination of business and technology teams, managing the

"We are uncovering better ways of developing software by doing it and helping others do it."

See Agile World on page 43

Illustration via Shutterstock

By Debora Morris and Sean Toole

From Catching People When They Fall to Lifting Them as They Rise

Three Digital Technologies Reinventing Human Service Delivery

Imagine a vision for human services where digital technologies make service delivery more proactive, client centric, and outcome driven than ever before. The possibilities are exciting, affordable—and within reach.

As human service leaders build digital strategies and attempt to move up the Human Services Value Curve, they must shake common misperceptions. Digital is not solely about technology, and it is not unaffordable. It is about empowering people and enabling manageable change. Three digital trends in human services can unlock data insight so agencies shift from a transactional output model to a client-centric outcome model.

Analytics: Real-Time Data Insight Gets Real

agencies used real-time data analysis to optimize service delivery—getting results in weeks, not years?

Human service agencies use data for compliance and operational reporting every day. However, outputs may not be outcome oriented or predictive and don't typically inform service delivery practices. Those agencies that want to use customer data insight to make programmatic decisions often wonder where to start. They are overwhelmed by enormous amounts of data, but lack a structured approach to drive insight from that data. Attempts to manage big data are confusing, expensive, and slow to provide insight. Instead, starting with smaller data and smaller projects using flexible technology can move agencies from wrangling data to solving problems using meaningful real-time data.

What if agencies could use real-time data analysis to optimize service delivery—getting results in weeks, not years? It is possible with a new breed of predictive analytics solutions—solutions that don't require large investments in data warehouses, but, instead, purchasing the technology as a service.

Agencies can use analytics to identify high-need or high-cost populations such as families with multiple challenges and needs for services. Granular segmentation clusters individuals and families with shared characteristics. Agencies then develop targeted, insight-driven practice models to solve focused problems for those groups. This fast, flexible approach can change the game for health and human service programs, enabling incremental value and investment with existing funding.

See What If on page 49

Illustration by Chris Campbell

By Kristen Duus

Uncovering Oregon's Path to Integrated Eligibility

There was no fanfare. There were no reporters. There were no cameras or media.

It was almost as though the day had come and gone and no one noticed. For Oregon, Dec. 15, 2015 marked the first step to uncovering the state's path to integrated eligibility. On this rainy, grey December day, the state's Medicaid agency, the Oregon Health Authority (OHA), launched its new eligibility system known as Oregon Eligibility, or "ONE."

Only two years before, Oregon was in the national spotlight for the failed launch of Cover Oregon, the state-based health insurance exchange. While still embroiled in legal battles over the failure, in November 2014 Oregon shifted to Healthcare.gov—the federally facilitated marketplace, and almost simultaneously launched the 16-month Modified Adjusted Gross Income (MAGI) Medicaid system transfer project to implement ONE.

ONE would bring to Oregon a web-based, state-of-the-art worker portal for workers to determine real-time eligibility for adults who qualify for Medicaid due to income level—a new population eligible as a result of the Affordable Care Act. A self-service applicant portal launched in February 2016, enabling community partners to help Oregonians submit applications and report changes.

Challenged by Oregon's tainted reputation for delivering IT projects, ONE would face political hurdles during implementation, and was affected by the change in several key Oregon leadership positions. These changes in leadership included the governor, state Medicaid director, director at the state's Data Center, and the OHA director.

Photo illustration by Chris Campbell

How did Oregon successfully launch ONE despite these challenges? Here are 10 factors contributing to our success:

1. We transferred an existing system. Oregon transferred and implemented "kynect," Kentucky's system. We chose this system because of the similar Medicaid rules, policies, and system interfaces, and the system closely matched Oregon's needs.
2. We hired a systems integrator. Oregon procured Deloitte Consulting for systems integration services. Deloitte successfully implemented integrated eligibility systems in 23 other states, including the original Kentucky system.
3. We followed project management practices. The business and stakeholder community, technology staff, and consultants strongly supported the use of sound project management techniques and processes.
4. We managed scope tightly. Oregon chose to change policy or business process before technology, when feasible. This principle drove adoption of best-practice business processes already inherent in kynect.
5. We established project governance. An executive steering committee was formed to oversee project implementation. Voting members included the agency director, chief financial officer, chief information officer, state Medicaid director, and external advisors from the Office of the State Chief Information Officer (CIO), Legislative Fiscal Office, and other state agencies.
6. We embraced the State "Stage Gate" process. The project was overseen jointly by the Office of the State CIO and the Legislative Fiscal Office. The Stage Gate process helped the project to reduce risk and ensure readiness.
7. We focused on communication. Communication specialists delivered regular messages to staff and

See Oregon on page 46

By Mark Allen

Powering Better Child Welfare and Social Services

Despite national spending on child welfare services reaching $28.2 billion (according to the latest data from 2012), caseworkers across the country are burdened with heavy caseloads and cumbersome tools. With the welfare of hundreds of thousands of children at stake, anything that can make the day-to-day life of caseworkers easier would yield massive benefits, both socially and financially.

This is not a new understanding. In 1993, the federal government developed regulations around a statewide automated child welfare information system (SACWIS). This technology was supposed to simplify the process of information gathering and streamline case management for states that adopted it. Unfortunately, in many cases, it did not achieve these results, and over the last 23 years many states have been left with a myriad of legacy systems that are not always effective.

Proposed changes in federal rules could allow states to modernize their systems with much simpler and more efficient solutions. One of the most critical components of success for solutions is a business rules engine (BRE). A BRE is an advanced software technology that helps child welfare agencies automate rules that govern decision-making, as well as easily make changes when regulations change. This kind of agility can make the daily lives of caseworkers far easier. Crucially, a BRE can allow them to leverage existing data to make better decisions that could positively impact children and their families.

Photo illustration by Chris Campbell

The 23-Year Legacy of SACWIS

The initial goal of SACWIS regulations was to establish a comprehensive, one-size-fits-all case management system for agencies in a particular jurisdiction. While not required, 34 states have adopted SACWIS to provide child welfare services. States hoped to make data collection easier and better determine eligibility for Title IV-E, a reimbursement that states get from the federal government for the costs of administering child welfare and foster care programs.

However, many systems have been hindered by severe glitches. In Michigan, eight months after implementing their $61 million system in 2014, they were still dealing with delayed payments to foster care providers, lost case files and an inability to close cases, among other issues. Officials were fixing up to 100 defects per month.

The list goes on: In Tennessee, caseworkers have been dealing with bugs in their system since it was created in 2010, reporting that even entering data about child visits—a basic task critical to daily work—required herculean effort. In Oregon, foster care parents weren't getting their payments on time, and caseworkers had difficulty accessing data about response times to child abuse reports. In 2007, Ohio's $92 million SACWIS developed data issues that could have caused agencies to lose track of foster children.

Technology and child welfare practices have undergone significant changes since 1993, and many agencies complain their SACWIS is slow and inefficient. In Michigan, system malfunctions required submitting an IT ticket that took two to three days to resolve. For a child, "two or three days could be a matter of life and death,"

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By Daniel Pollack and Gilion Dumas

Matching the Right CPS Investigator with the Right Investigation

Child protective services (CPS) administrators and supervisors spend hours focusing on numbers. How many reports of abuse and neglect are outstanding? How many investigations must be completed by what time? How much staff is available? Valuable time is spent on collecting, analyzing, and reporting these numbers.

Are these same administrators and supervisors spending enough time and effort thinking about which investigator should be assigned to each particular case? Is each assignment made randomly, or simply based on worker availability? With all our technology, we have lots of data. But are we looking only at the quantity of cases in determining assignments, or are we also looking at the quality of cases? In rural areas where there is only a limited number of available CPS investigators, this discussion is probably moot. But in major metropolitan areas where one might be able to choose among many CPS investigators, perhaps there is some value in this exploration.

Photo illustration by Chris Campbell

Better Investigations by Building Better Relationships

We hear it all the time: relationships matter. Can relationship skills be applied to CPS investigations? If so, what does that mean for the CPS investigation assignment process? After all, assigning the right investigator for a particular investigation can mean the difference between a child who is safe or a child who is left at risk. If we can assign investigators so they are able to maximize their relationship-building skills, this could lead to more effective investigations. And when CPS investigators are more effective, more children might be safe.

When we experience an emotional connection with someone, we say we “click”; we are describing that feeling of being on the same wavelength, of sharing a common conceptual understanding. The best salespeople understand this and know how to make that connection with people, starting by establishing a rapport that can grow into a relationship. Of course, selling cars or shoes is not the same thing as investigating child abuse. But effective CPS investigators make the same effort to establish rapport and then build on that rapport to form relationships. Especially because many investigations may take a long time, good CPS investigators are not simply investigating; they are engaged in a relationship.

The problem with relationship building is that it is the last thing anyone takes the trouble to do when they are stressed out about just getting the job done. Relationships take time and empathy—both of which are in short supply when CPS investigators are tossed from one type of investigation to the next, each one with the potential to involve different regulations, administrative goals, and unstated expectations. One way to lessen the stress inherent in CPS investigations is to organize and

See CPS on page 40

By Neil Bomberg

Moving Up the Value Curve Through the National Summit

In an attempt to be more integrative, generative, user friendly, and outcome oriented, what had been previously known as the APHSA Policy Forum was transformed, this year, into the National Summit for Health and Human Services, held May 21–25 in Arlington, VA, just minutes from downtown Washington, DC.

With more than 350 attendees and a range of general sessions, TED-style talks, and breakout sessions, the conference covered a wide range of subjects following APHSA's *Pathways* agenda. The theme—"Inspire, Innovate, Impact"—focused conversations on ways to work differently, better, and with more impact. Together, varied perspectives allowed conference attendees to better understand the Human Services Value Curve and how they and their organizations can move up that curve from a regulative to a generative state.

With its focus on health and human service integration, child and family well-being, and employment and economic well-being, the summit provided all attendees with an opportunity to learn, explore, and consider new and multiple ways of addressing client needs.

The summit opened with an enlightening keynote address by Nat Kendall-Taylor of the Frameworks Institute. He spoke about the potential that framing has on the way others think about our programs and the work we do. For example, it is not enough to show empathy or compassion for the clients we serve. That approach, Kendall-Taylor argued, only mires you in a swamp of prejudiced and value-laden views. It is critical, in his view, that we frame these efforts in the larger social and cultural milieu in which we operate. Thus, talking about solving individual and family problems in the context of opportunity and success helps people better identify with the people we serve; talking about the services we provide in construction terms helps people understand that our aim is to ensure that everyone is safe, protected, and able to withstand the storms of life that all of us may experience.

Susan Dreyfus, left, President and CEO of the Alliance for Strong Families and Communities, receives the 2016 APHSA Lifetime Achievement Award for her contributions to the field of health and human services.

Over the course of the summit, attendees heard from other keynote speakers about the history of U.S. human services and the importance of using brain science to better ensure that human service employees have the supports and protections they need to do their jobs successfully. Dr. Antonio Oftelie of Harvard University spoke about the long and storied history that undergirds the nation's human service system, and that even during the most trying of times human service programs continued and moved forward, focusing on their purpose—the individuals and households the system was designed to serve.

Dr. Beth Cohen of the University of California explained how the brain works at times of conflict, stress, and harmony. Therefore, it is critical that human service staff have the ability to maintain a sense of harmony, and that employers provide employees with the tools and resources to work in a harmonious environment that promotes health and well-being and is supportive.

TED-style speakers provided real-life examples of the ways in which state and local programs are moving up the Human Services Value Curve, by integrating state-level health and human services, dealing with employment and economic well-being, and addressing the needs of children from households with significant problems.

Breakout session topics ranged from program integration, child and family well-being, the world of work and its impact on clients, the social determinants of health, ways in which food and nutrition programs can better incorporate job training and placement activities into their programs, 2Gen approaches to handling family issues, better coordination between workforce development and TANF programs, proven strategies for recruiting and supporting foster and adoptive families, data analytics as a tool to move up the Human Services Value Curve, and Pay for Success, to name just a few.

***Neil Bomberg** is the director of Policy and Government Affairs at APHSA.*

By Christina Crayton

NAPCWA Hosts 2016 Symposium, Health Children, Empowered Families, Thriving Communities

The National Association of Public Child Welfare Administrators (NAPCWA) 2016 Symposium was part of APHSA's 2016 National Health and Human Services, Inspire, Innovate, Impact! Summit. The meeting opened on Saturday, May 21 with a presentation and discussion on the University of Tennessee's (Knoxville) longitudinal study on the correlation of organizational culture and climate on outcomes. This opening dialogue on the core components of an organization's patterns and norms provided the right context for the remaining sessions. Sunday, May 22 began with an informative discussion of the National Commission to Eliminate Child Abuse and Neglect Fatalities' (the Commission) report, "Within Our Reach." The session was led by Dr. David Sanders, chair of the Commission; Susan Dreyfus, commissioner; and Amy Templeman, former acting executive director to the Commission. Dreyfus and Sanders reviewed the national data on child fatalities, presented the report's recommendations, highlighting next steps for Congress and the Administration to address this issue. Templeman facilitated a conversation on the newly established Within Our Reach office (a division of the Alliance for Strong Families and Communities) and the near term and longer term objectives to advance the Commission's push for a 21st Century Child Welfare System.

Following their presentation, Jenny Wood, chief deputy at the Administration on Children, Youth and Families, provided an overview of the Administration's latest actions, including finalizing a set of regulations critical to child welfare (including the Comprehensive Child Welfare Information System and the Adoption and Foster Care Analysis and Reporting System). Wood also identified priorities for working on LGBTQ issues, partnering with the Housing and Urban Development agency on youth homelessness, and promoting implementation of the Every Student Succeeds Act. The symposium's luncheon panel focused on worker safety and resilience. Cindy Walcott, deputy commissioner of the Vermont Department for Children and Families, discussed how her agency handled the murder of Lara Sobel, a Vermont social worker, including addressing secondary and tertiary trauma for those connected to Lara and implementing protocols for caseworkers. Terri Howard, senior director at FEI Workforce Resilience, discussed workplace safety, with a focus on exterior enhancements and employee training. The symposium concluded with a session led by Neil Bomberg, APHSA director of Policy and Government Affairs, who provided a policy update on child welfare and other human service programs, the current political climate, and election highlights.

Cindy Walcott, second from left, Deputy Commissioner, Vermont Department of Children and Families, receives the 2016 Betsey R. Rosenbaum Award for Excellence in Public Child Welfare Administration.

NAPCWA Honors Child Welfare Champions with the Rosenbaum and Forsythe National Awards

NAPCWA honored three outstanding champions in child welfare during APHSA's 2016 National Health and Human Services Summit. Cindy Walcott, deputy commissioner of the Vermont Department of Children and Families (Rtd.) was honored with the *Betsey R. Rosenbaum Award for Leadership in Public Child Welfare*. Walcott was honored for her courage and tenacity in supporting her employees and continuing her agency's mission after Lara Sobel, a Vermont social worker, was murdered by an individual involved in one of her cases. Walcott's leadership and resilience during this tragedy was felt across our community. APHSA and NAPCWA thank her for her dedication and years of support, serving as secretary on the NAPCWA Executive Advisory Committee. NAPCWA

honored Senators Orrin Hatch (R-UT) and Ron Wyden (D-OR) as co-recipients of the *2016 Peter Forsythe Award for Excellence in Public Child Welfare*. Senators Hatch and Wyden (Chair and Ranking Member, Senate Finance Committee) were honored for their unwavering commitment to children and families and their bipartisan efforts on child welfare legislation: legislation to increase federal investments in prevention and early intervention, advance policies on the appropriate out-of-home placements, and other child welfare services and supports.

NAPCWA Submits Comments on the AFCARs ICWA Supplemental Notice

APHSA and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA), submitted comments on the Supplemental Notice of Proposed Rulemaking (SNPRM) on the Adoption and Foster Care Analysis and Reporting System (AFCARS). Issued in April, the SNPRM proposed that states collect and report certain information on American Indian/Alaska Native (AI/AN) children for whom the Indian Child Welfare Act (ICWA) applies and to collect meaningful information about their experiences (with child welfare). The comments reaffirmed support for the administration's commitment to better understand the experiences of AI/AN children. Given the anticipated significant amount of new data elements in the final AFCARs rule, we also requested a staged and phased implementation period to ensure systems build capacity (workforce) and infrastructure (technology upgrades) and resources for successful compliance with the final rule. NAPCWA will continue to work with federal partners in finalizing changes to AFCARS and addressing the unique needs of AI/AN children and families.

NAPCWA Co-Hosts National Webinar on Comprehensive Child Welfare Information Systems

Earlier this summer, APHSA and NAPCWA joined the Administration on Children, Youth, and Families commissioner and the Children's Bureau for a national webinar on the final rule for state child welfare information systems (CCWIS). Greg Rose, NAPCWA Immediate past president and deputy director of the California Department of Social Services, and Christina Crayton, APHSA's assistant director, of Policy and Government Affairs, provided welcoming, introductory, and contextual remarks on the release, noting appreciation for adopting APHSA recommendations and the focus on supporting state modernization. Commissioner Rafael López reaffirmed the administration's commitment to leveraging technology to improve work with children and families. A recording of the webinar and all related information can be found at ACF's "State and Tribal Information Systems" page at *https://www.acf.hhs.gov/programs/cb/research-data-technology/state-tribal-info-systems*.

Visit the NAPCWA website for additional information at *http://www.aphsa.org/content/NAPCWA/en/home.html*.

NASCCA Comments on Child Care and Hotline Submission

In April the National Association of State Child Care Administrators (NASCCA) submitted comments to the Administration for Children and Families in response to the Notice of Proposed Rulemaking on the Child Care National Website and Hotline. The Child Care and Development Block Grant Reauthorization Act of 2014 authorized the U.S. Department of Health and Human Services to create a national website to connect parents to information about child care and a national hotline to allegations of health and safety violations and child abuse. NASCCA members noted support of the use of technology to educate stakeholders and consumers and to facilitate better informed decision-making. NASCCA members also voiced concerns, however, about the potential barriers and challenges in use of a national hotline to report suspected violations or abuse and neglect. Data collection procedures, report transfers, reporter confidentiality, and other factors must be considered if the state or local reporting process is superseded (and allegations are sent and captured through a federal portal). The comment letter can be found at *http://www.aphsa.org/content/NASCCA/en/home.html*.

NASCCA Continues Member Outreach and Engagement through Regional Calls

This past summer, NASCCA hosted a series of regional calls to connect members across federal regions to exchange knowledge, strengthen peer connections and identify strategies to assist states with implementing the new child care development block grant. Participants on the regional calls discussed emerging APHSA initiatives, including our new "Center"* platform and informed NASCCA's objectives for the remainder of 2016 into 2017. The affiliate's primary objectives are to advance NASCCA policy and practice initiatives (by informing sound policy development), support child and family well-being (through quality child care and early learning program); support emerging approaches such as Two-Generation efforts (that focus on building parental/caregiver skills and healthy child development), and continued implementation of the Child Care and Development Block Grant.

Visit the NASCCA website for additional information at *http://www.aphsa.org/content/NASCCA/en/home.html*.

* The **National Collaborative for Integration of Health and Human Services**, the **Center on Child and Family Well-Being**, 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 and advance 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.

***Christina Crayton** is the assistant director of Policy and Government Affairs at APHSA.*

staff spotlight

Name: Christina Becker

Title: Health Policy and Program Associate

Time at APHSA: Five months

Life Before APHSA: I worked for two years as a clerk at Fairfax County General District Court in Northern Virginia. There, I was an assistant to the 11 judges of the court, and I handled all mental health paperwork, ranging from civil commitments to psychological evaluations in criminal cases. Working with the judges was always fun (I found, through various clerking opportunities at various courts, that there is no such thing as a boring judge), but involved a lot of firefighting. Before my work at the court, I studied law and health care compliance at the Mitchell Hamline School of Law in St. Paul, Minnesota.

Priorities at APHSA: Because of my degree and previous work experience, I was hired to be a part of APHSA's National Collaborative for Integration of Health and Human Services (NC). I am assisting Megan Lape, the director of the NC, to conduct research and analysis of health policy, funding opportunities, and cross-programmatic metrics and measures to further enable coordinated service delivery across health and human service programs. Once I am settled in, I will also assist in the development of guidance and tools, and will update content on the NC's web page.

What I Can Do for Our Members: Provide APHSA members with a better understanding of health policy and how it intersects with Human Services.

Best Way to Reach Me: As a millennial (and not ashamed of it), I am in constant contact by phone. My cell number is (202) 360-8778, my email is *cbecker@aphsa.org*, and our main line office number is (202) 682-0100. I look forward to hearing from you!

When Not Working: I'm always in the kitchen, either cooking or eating.

Motto to Live By: As a classical history major, I studied Latin for three years. One of the (only) phrases that has stuck with me from those lessons is "festina lente." The saying is translated as "make haste slowly," and it's a reminder to work slowly and thoroughly to get things right the first time.

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specialize, to the extent staffing levels allow. One possible effective way to organize the assignment of CPS investigators is a two-tiered structure along these lines:

- First, assign investigators according to the setting in which the abuse took place: in the home of the custodial parent(s); in foster care; or in an institutional setting like a day care center, group home, or juvenile detention center.
- Second, assign the investigators on each of those teams to handle certain types of abuse cases (recognizing there will be overlap): physical; sexual; neglect; or situational abuse, such as adult domestic abuse or criminal activity in the home.

By allowing CPS investigators to specialize, relationships are easier to build in at least two ways. First, specialization brings familiarity, confidence, and expertise, all of which reduce the stress level of accomplishing the job. These skills mean better investigations on the front end, and, where criminal prosecutions are required, better trial witnesses later on. As investigators worry less about learning the lay of the land, they have more time and energy to spend establishing rapport and building those important relationships.

Second, some relationships extend across investigations. If investigators cover all types of investigations arising in all types of settings, they might never see the same face twice. Investigators that are assigned according to specialty might cross paths with others who specialize along similar lines: law enforcement officers, facility administrators, prosecutors or defense attorneys, counselors, or child advocates. Whether or not these people are on the "same side," relationships with them matter, especially over the long term. Specialization allows more opportunity to develop these relationships.

From a strategic and results-oriented standpoint, CPS investigation specialization might be worth a try.

***Daniel Pollack** is a professor at Yeshiva University's School of Social Work in New York City. Contact dpollack@yu.edu; (212) 960-0836.*

***Gilion Dumas** is a practicing attorney in Oregon. Her focus is on cases involving child sexual abuse. Contact gilion@dumaslawgroup.com; (503) 952-6789.*

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service design and service delivery with and for the whole person.

- Re-calibrate to allow information sharing in and across universal one-agency networks comprised of collective health information exchange (HIE) systems. Part 2 is outfitted to systems of care that are limited in the number of HIEs instituted at the state or county levels while technology changes and system integration are increasing for coordination. As the importance of social health and well-being awareness increases, opportunities have been created for state and local governments to develop a single comprehensive system, or universal one-agency networks, to link different systems (including SUD HIEs).

APHSA believes the recommendations and proposed changes have the potential to make a positive impact, will enable further progress in the treatment of SUDs, and can go far toward achieving meaningful and sustainable results for individuals, families, and communities.

APHSA believes the recommendations and proposed changes have the potential to make a positive impact, will enable further progress in the treatment of SUDs, and can go far toward achieving meaningful and sustainable results for individuals, families, and communities.

APHSA supports retooling Part 2 and believes the release of this NPRM is an important step in furthering HHS' triple aim. With the modifications we and the states have sent to SAMHSA, we are confident that the Part 2 of the future could be of significant assistance to providers and individuals with SUDs in moving toward a model of integrated care, further developing an electronic infrastructure for managing and exchanging patient information, all while protecting the privacy concerns of patients.

The full text of the comment letter can be found at *www.aphsa.org* and the NPRM is available at *https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf.*

Reference Note

1. More information about the *Pathways* initiative can be found on the APHSA website, *http://www.aphsa.org/content/APHSA/en/pathways.html*

Leigh Edwards *was an intern for APHSA's National Collaborative for Integration of Health and Human Services in Spring 2016.*

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A deeper look at the ways the health and human service fields are approaching social determinants and social interventions reveals that there is still a lot to learn about both eco-systems, including how best to connect them.

Both systems are often painted unfairly, overly generalized, and misunderstood. One of our key partners and funders, the Kresge Foundation, is at the center of learning how to accelerate the connection of health and human services, with a focus on breaking down cultural silos, especially for financing, and identifying how to leverage social service networks—both public and community based—to maximize health and well-being outcomes.

One look at the recent literature suggests this is not a passing phase, but rather an intentional effort at a major cultural shift to reshape our service delivery models to drive better outcomes. Consider the following items released in just the last three months:

- The Mailman School of Public Health at Columbia University (Department of Health Policy and Management) and KPMG, LLP jointly produced a white paper examining the gap between social services and health, as the health system moves to a value-based purchasing model and seeks to leverage social interventions to reduce hospital readmissions and improve overall health outcomes. (See *https://institutes.kpmg.us/institutes/government-institute/articles/2016/05/-re--defining-the-healthcare-delivery-system--the-role-of-social.html)*
- The Robert Wood Johnson Foundation continues to advocate for a "culture of health," and recently released a "learning report" examining how social determinants of health data can improve health care and health. (See *https://healthleadsusa.org/wp-content/uploads/2016/06/RWJF-SDOH-Learning-Report.pdf)*
- The Laura and John Arnold Foundation announced its Moving the Needle Competition designed to encourage state and local jurisdictions to "adopt social interventions shown to produce large, sustained efforts on important life outcomes" and implement those interventions on a sizeable scale to determine whether they are replicable and can move the needle on important social problems. (See *http://www.arnoldfoundation.org/wp-content/uploads/Moving-the-Needle.pdf)*

There is legitimate concern that the health care sector will unwittingly reinvent the wheel by creating its own social serving apparatus, assessment tools, and delivery system within the existing health structure.

I'm most struck by a reoccurring theme in the new reports that broadly paints the human service sector as unsophisticated, and, in some cases, untrustworthy. Social service providers are nearly always defined in the literature as "mom and pop" community-based organizations; as such, while they are seen as having the genuine ability to relate to people where they live and work, they are also seen as having very limited ability to manage a business or take on value-based contracting. The public-sector side of human services—if recognized at all—is depicted as unwieldy and incapable of delivering timely or effective services.

These are generalizations that give no credit to the long history or evolving infrastructures of the human service network in this country. It is the very services provided by this public–private network that holds so much potential for bending the health and social cost curve through more intentional preventive efforts, leveraging proven practices (especially existing strength and risk assessment tools), and tapping into existing structures and relationships. It is the public and nonprofit system of social services that already addresses at its core the SDOH—nutrition, affordable and safe housing, reduced risky behaviors, quality child care, and supportive work environments. There is legitimate concern that the health care sector will unwittingly reinvent the wheel by creating its own social serving apparatus, assessment tools, and delivery system within the existing health structure. There is much peril in doing this; it will only further divide and compartmentalize our service delivery, ultimately adding stressors and confusion to patients/consumers.

While it's true that the two systems have some significant economic and cultural differences, we do a disservice to place broad generalizations on the sectors without attempting to understand the strengths of each, or to leverage the ways in which a social determinants framework puts a client/patient at the center. I am hopeful that the heightened attention that industry, philanthropy, and government is placing on social determinants and population-based health will enable us to more clearly map and understand the depth and strength of these ecosystems. At APHSA, through our members, partners, and collaborative centers, we pledge to continue to be a voice and advocate for how the social determinants of health can move us up the Human Services Value Curve. You can read more about our specific efforts in the National Collaborative in this issue on page 8.

Tracy Wareing Evans

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project holistically, and providing continuity across iterations. This group should be responsible for evaluating organizational readiness for use of Agile.

- Developing a Project Charter—A project charter establishes boundaries for scope and to provide a basis for an architectural design. The charter has to be used to weigh and consider changes that evolve so that the team maintains discipline, thereby avoiding costly overruns in time and budget.

Resources. Meaningful involvement of key stakeholders throughout the life of the project is imperative in an Agile project. These will include end-users, policy, legal, administrative/management, and technical team members. Given that resources will be coming in and out of the project at various stages, there must also be continuity throughout the life of the project to ensure traceability for key business decisions and requirements.

Project Management. Managing the project across all components—which we refer to as holistic project management—is optimal. It is possible to use an Agile approach for the software development lifecycle, while utilizing a more traditionally structured approach to manage the project holistically. These are business projects that have far-reaching implications that frequently affect elected officials if outcomes are not positive.

Deployment. There is a clear distinction between increments and versions. Just because you are using an Agile approach to develop the product does not dictate that you need to deploy the solution in increments. Given the challenges with decommissioning legacy systems in the government space, it might be necessary to build a fully functioning version of solution for deployment (rather than introducing modules).

Conclusion

You should keep in mind that "There is No Such Thing as an IT Project" (Carole Hussey, *Policy and Practice,* August 2015). Regardless of the methodology you choose, you control the management approach of the overall business project.

Ultimately, you own the system that is built and it must make your organization better, faster, and more effective.

Agile requires a commitment of time and resources over an extended period of time and it is possible the unexpected will come to pass. Your team must be fully committed to the principles of the model to achieve the intended results. You must also be certain that you do not allow the vendor team or your team to use Agile as an excuse for sloppy documentation, loose controls, and weak contracting.

Carole Hussey *is an associate manager with PCG Human Services, a division of Public Consulting Group.*

Joe Baile *is a program manager located in the PCG Boston office.*

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Common Processes

This is particularly true for the part of the model focused on creating common processes. The Integrative stage calls for common processes in which the "enterprise works together to create and use a simplified common application/intake process that is mutually acceptable across organizations."

Modernizing the intake process and reducing client stress gives caseworkers time to learn more about their clients and enhances their casework practice. For instance, when the greeter checks clients into a specific queue, such as adult Medicaid or energy assistance, the caseworker knows exactly for which benefits clients are applying. Caseworkers are better prepared for the appointment and skip basic questions to get a holistic view of the clients' needs, which are likely to extend beyond the primary reason for the visit.

The Maturity Model also encourages business models where "workflow processes are streamlined, seamless, and completely integrated. Processes are designed to achieve efficiencies and desired outcomes identified in conjunction with program participants and the enterprise."

Fully utilizing the appointment management software lets CCDHS take advantage of a feature that automatically assigns clients to the next available caseworker and keeps track so the workload is evenly distributed among workers in a specific unit. This has eliminated manual tracking and logjams in the intake process.

Infrastructure

The Maturity Model also focuses on infrastructure, recommending that "communication is conducted regularly and internally (both vertically and horizontally), and somewhat externally, to the enterprise to reinforce achievement of shared success."

The new SOPs and open communication keep the department from backsliding into manual processes and ensure that clients have a similar experience every time they contact the agency. Leadership, caseworkers, clerical workers, and IT are part of the same team, with the shared goal to provide quality service to every client every time.

The agency's overhaul means happier clients, and caseworkers who can focus on doing what they do best: helping people in need.

Reference Note

1. See APHSA's Health and Human Services Integration Maturity Model 2.0 at *http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/APHSA%20Maturity%20Model_2%200.pdf*

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who was able to complete a bachelor's degree with her support.

After I graduated from the Evans School, I entered state service as a DSHS policy analyst working on designing and implementing Washington's welfare reform law. Just two and a half years after I was a welfare recipient, I was working in Olympia helping to design our new WorkFirst program. I had a rewarding eight-year career in state service, then left in 2005 to start consulting with other state and county health and human service agencies, which is what I have been doing ever since. The infant son I was expecting in 1992 who needed child care is now 23 years old and graduated in June from my alma mater with a degree in mechanical engineering. He starts graduate school in September. Talk about a two-generational approach to ending poverty!

BABS ROBERTS

The world is different post-AFDC. Implementation of TANF created time limits for assistance with limited exception criteria, and work requirements. These are not inherently bad policy decisions. Creating a time limit gives programs a sense of urgency in assisting low-income families that are living in the extreme poverty that TANF eligibility requires. Requiring participation in work or work-like activities changes the program from a "welfare" program to a "welfare-to-work" program, and if done well, allows empowerment and gradual successes that build the confidence needed to sustain self-sufficiency.

However, while education is not discouraged (indeed it's recognized as a necessary skill development tool in most workforce systems) under TANF, only one year of Vocational Education counts toward participation. Subsequent years can still be "funded" with TANF dollars as the block grant nature of TANF gives states broad flexibility in how they use the funds, but the nature of the Work Participation Rate measure discourages states from allowing such a "luxury." The Work Participation Rate requires that 50 percent of All Families and 90 percent of Two-Parent Families participate in **allowable and countable "core" and "non-core" activities**. For example, vocational education opportunities are countable for only 12 months, but only 30 percent of the TANF caseload can be in such an activity in any given month.

In our current TANF world, Alicia's work study position would have counted as a work activity for at least the hours she worked. Alicia would not have been required to participate in a work activity for the first year of her son's life if she chose the infant exemption pathway—but while helping to meet her basic needs, that pathway would have precluded her from child care assistance. If the hours she was "working" were not enough to meet the federal work participation requirement (and it is likely she would have been short, as most college work study is capped at 19 hours) additional activities (such as life skills classes) would have been "stacked" with her work time. These "requirements," in addition to caring for an infant and a full-time class workload, would have stretched her already full mental *bandwidth*, perhaps to a breaking point.

The current Work Participation measure, coupled with the restriction of countable "core" and "non-core" activities has created barriers that both case managers and clients find difficult to navigate while retaining enough *bandwidth* (on either side) to set long-term goals toward achieving and sustaining self-sufficiency.

BABS & ALICIA:

So where do we go from here? We would like to see new ideas and different approaches to workforce development for TANF participants in these areas.

1. Retool the program so it responds to economic downturns and prevents deepening of poverty for families with dependent children. While it's true that caseloads have declined since 1996,[2] which has freed up state TANF block grant funds for other priorities, data now show that the program didn't react to the Great Recession. Poverty has deepened for our most vulnerable children. In 2014, the National Center for Children in Poverty reported that 39 percent of children in Washington live at or below 200 percent of the federal poverty level (FPL), nearly half of those children live below 100 percent of FPL.

As a result of dramatic caseload declines, states are now spending about 50 percent of their TANF block grant funds on non-welfare related expenditures—arguably reinvesting the fruits of their program success in other important priorities. For example, in Washington, 30 percent of the TANF block grant is transferred to the Child Care and Development Fund for child care subsidies. Just under $35 million continues to fund child welfare activities (as AFDC did prior to PWRORA). However, some states implemented welfare policies *designed* to reduce the caseload, like harsher time limits than required under federal law, or limiting post-TANF supports designed to ease the transition from welfare to work. In fact, many states have held monthly grant allotments to pre-welfare reform levels, which have eroded in value with inflation. The standard has eroded so much in Washington that a single parent with two children can be working 25 hours at minimum wage and be income ineligible for TANF assistance, losing not only cash assistance, but many of the supportive services (transportation vouchers, case management) that went with it. Poverty is defined as income less than 100 percent of FPL. In Washington, the grant standard is roughly equivalent to 36 percent of FPL. Nationally, TANF benefits are below 50 percent of FPL in all 50 states.

2. Build on the promise of a better job and a career, and refocus on increasing TANF participation rates to ensure that eligible families have access to workforce development services that can end poverty. Refocusing the program on work has transformed many TANF

programs and service delivery systems to be more focused on serving the job-seeker. However, fewer families in poverty are being served by the program than in 1996.[3] In Washington in 2012–2013, fewer than 40 families received assistance for every 100 families in poverty.

We need to improve the TANF program and service delivery, including intentional connections to the rest of the workforce development spectrum, so more low-income families can be served and achieve the promise of a job, a better job, and a career. We have opportunities to use modern technology and social media to engage with participants (as described in *$2.00 a Day: Living on Almost Nothing* by Edin and Shaefer). It's also time to have a national conversation about the effectiveness of the five-year time limit on assistance and whether or not it still makes sense given the new information and research relative to brain science, and the detrimental, cumulative, and long-term adverse impact of toxic stress.

3. Rethink TANF performance measures—especially the Work Participation Rate (WPR)—so they don't discourage education. Block grants were designed to give states flexibility on the "how," but the WPR is a process measure, not an outcome measure, so it drives the how, resulting in an overemphasis on "countable components" instead of preparing low-income parents for work in a modern economy. The WPR is a component of the five-year lifetime limit on assistance. It was designed to make sure states and counties were truly providing services to low-income parents who were subject to a new limit, rather than just let them ride out their five years and then terminate their case. In practice, the WPR has restricted what services states and counties can offer participants and still meet their WPR requirements, especially when it comes to higher education—one of our primary tools to deliver on the promise of a better job and a career. As a result, some TANF programs lean toward helping low-income parents quickly find employment in low-skill, low-wage jobs.

4. Refocus outcome measures on job placements and wage progression. TANF performance measures are not aligned with other federally funded workforce development programs. The Workforce Innovation and Opportunity Act (WIOA) gives us an opportunity to refocus outcome measures on job placements and wage progression. The original intent of TANF and the movement from an entitlement program to a block grant was to give states flexibility in delivery of a welfare-to-work system while ensuring that children are able to remain supported in their own homes. It was also beneficial to have metrics to measure the success of such a shift in policy. As has been shown in the workforce system, however, outcome metrics, not process metrics, can demonstrate the success of such programs much better. WIOA provides a great opportunity to align welfare-to-work programs like TANF and SNAP Employment and Training (SNAP E&T) programs with other federal and state-funded workforce development programs. By aligning the outcome metrics of TANF, SNAP E&T, and the WIOA, we provide a greater opportunity to leverage the resources of the entire system, allowing states to use the appropriate program with little to no additional administrative burden, because the outcome metrics are the same—employment, job retention, and career and wage progression. Such alignment can also produce a more streamlined *pathway* for low-income families and individuals to move incrementally through the education and workforce system at a pace that allows them to find stability (economic and social) at each phase of their journey. From an income eligibility perspective, this could be accomplished by expanding initiatives like broad-based categorical eligibility across programs. We should also explore options to make braided funding easier. The "benefitting methodology" requirements that apply to most fund sources can be perceived as a barrier to client-focused services. As we saw when that standard was relaxed with implementation of the Affordable Care Act, states will use funds appropriately if given the flexibility.

Those of us working in health and human services have heard the term "pathway to self-sufficiency." We've all talked about guiding and assisting TANF participants along such a pathway. When we think of a pathway, we picture a pretty meadow on a lovely afternoon, with one clearly marked path heading off into a beautiful sunset. The reality is the people we serve are not on that idyllic pathway. They are navigating a concrete, multilane, super-highway with many on ramps and off ramps and many lanes of traffic where clients can be lost or run over by the very system(s) that purport to help them.

As we begin to have honest and open conversations about the realities TANF parents face on the modern "superhighway" economy, we can also think about that superhighway as an opportunity to help people navigate toward the best opportunities those lanes present while supporting them with basic needs (cash, food, housing), barrier-removal activities (mental health, chemical dependency, domestic violence) and development of social capital and social networking skills. If we successfully help each person navigate using an individualized map, they will gain enough social capital, education and training, and workforce attachment that their momentum will launch them toward job retention, and career and wage progression.

Reference Notes

1. We think this book should be required reading for any health and human service manager. Mullainathan, Sendhil and Shafir, Eldar. *Scarcity: Why Having Too Little Means So Much.* 2013. Times Books: New York, NY
2. Since PRWORA was implemented by states and counties across the country, welfare rolls dropped to historically low levels and stayed relatively low, even during the Great Recession. For example, in August 1997, Washington's TANF caseload was 88,975 (only 19.5% were child only cases), and by December 2015, that caseload had fallen to 31,630 (with nearly 46% of that caseload being child only).
3. As stated in a Center on Budget and Policy Priorities look at TANF (dated March 29, *2016 Chart Book: TANF at 19*), "When TANF was enacted, nationally, 68 families received assistance for every 100 families in poverty; that number has since fallen to just 23 families receiving assistance for every 100 families in poverty."

NATIONAL COLLABORATIVE continued from page 9

The National Collaborative: Moving Forward

APHSA's National Collaborative will maintain and provide a coherent, effective national voice on how human service agencies and providers can continue to contribute their experiences, leadership, staff, and assets in the field to address the social determinants of health (SDOH).

Prior to the kick-off of APHSA's 2016 Health and Human Services Summit in May, the National Collaborative brought together members of APHSA's leadership entities, including members of the Board of Directors, Leadership Council, Affiliate Presidents' Council, Local Council Executive Committee, as well as several state, local, and private-sector members of the National Collaborative, to determine how we will work to address and contribute to the solutions being developed to impact the SDOH.

The National Collaborative will focus on the following:

- Identify and establish current opportunities for human service programs and providers to link with the health care system and learn from one another; build partnerships across service delivery providers supporting health and well-being outcomes; and support the evolving delivery of health care, public health, and human services from a public health approach.
- Develop guidance and provide tools to further *interoperability* and *integrated service delivery* across health and human services. The National Collaborative will continue to collect and disseminate information and best practices enabling leaders to strategically position their organizations for care delivery and information technology system improvement.
- Influence federal policy to enable connected service design and delivery across public and private health and human systems. The focus will be removing unnecessary barriers to funding flexibility and fragmented structures and developing outcome requirements among related programs. Social or human services (including behavioral health) have not benefitted from the same type of policy flexibility, research, and information technology (IT) investment as their companion care systems. Several state human service programs are actively trying to modernize their business processes and IT systems within the confines of current funding opportunities, and within their existing programmatic requirements. Through the National Collaborative community, affinity groups of APHSA, and others, we will continue to advocate for policy and legislation providing the same type of flexibility and incentives for human services as in health care.

Key drivers to address the SDOH to support population health and well-being include mushrooming health care costs, the need to effectively leverage existing (but not currently well-coordinated) public investments, and a rapidly growing appreciation of the value that locally based human service assets can bring. Improved outcomes, lower costs, and a healthier society as a whole will be the tangible results of these efforts through effectively linking and supporting integration of operations, funding, design, and delivery of care.

If you would like to get involved in the National Collaborative or seek additional information, please contact Megan Lape *(mlape@aphsa.org)* or Christina Becker *(cbecker@aphsa.org)*. You can also visit our page on the APHSA website at *http://www.aphsa.org/content/APHSA/en/pathways/NWI.html*.

Reference Notes

1. *http://www.aphsa.org/content/APHSA/en/pathways/NWI/BUSINESS_MODELS/h-hs-integration-maturity-model.html.*
2. Antonio M. Oftelie. The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services, A Report from the 2011 Human Services Summit on the Campus of Harvard University. Leadership for a Networked World, 2011. *http://lnwprogram.org/sites/default/files/The_Pursuit_of_Outcomes.pdf*

OREGON continued from page 34

stakeholders on the status and benefits of the new system.

8. We built on existing relationships. Key individuals served as local experts communicating to their groups and passing on user input. Business leaders focused on getting users ready for the new system through organizational change management and we partnered closely with our service providers, including the state's centralized data center.
9. We hired a third-party quality assurance vendor. Public Knowledge, a national management consulting firm, provided independent oversight and quality assurance services.
10. It took a village! In addition to the groups named in this article, many other teams and organizations contributed to ONE's success.

The Future—Integrating Financial Eligibility

What's next for Oregon on the path to integrated eligibility? Funding has been provided to the Oregon Department of Human Services (DHS) to add financial eligibility determination functionality for non-MAGI, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Employment-Related Day Care (ERDC) program populations.

This functionality already exists in Kentucky, so Oregon will be the benefactor of Kentucky's work for a second time. A difference this time is that there will be a slower, 36-month timeline. Oregon will face new challenges—added functionality means that two separate agencies, OHA and DHS, will share the system and will have to develop shared governance protocols. Having learned lessons that will be carried over to the next project, including an enhanced focus on organizational change management and communication, we look forward to our future.

***Kristen Duus** is the chief information officer of the Oregon Health Authority and Department of Human Services.*

CHILD WELFARE continued from page 35

said Bill VanDriessche, a Michigan child protective services worker who testified at a 2015 state hearing about SACWIS issues.

New Proposals Make Modernization Easier

In August 2015, the Administration for Children and Families (ACF) proposed changes that could greatly improve automation and data collection within case management systems. The new system, dubbed a comprehensive child welfare information system (CCWIS), will have key differences from the SACWIS it replaces. For example, it will be bound by 14 requirements, rather than the 51 provisions regulating SACWIS. It's easy to imagine how that change alone will greatly simplify implementation.

The proposal allows states to enhance or replace their existing systems with a CCWIS, letting agencies move onto the next generation of case management systems that are built on newer technologies that are more interoperable and more modular.

It represents a great opportunity for child welfare agencies to upgrade their systems with technology like a business rules engine, which can help automate and streamline decision-making and operational processes.

Business Rules Engines (BRE) and Child Welfare Programs

The issues facing child welfare programs across the country are serious. At the end of 2013, approximately 402,000 children resided in foster care and 679,000 were confirmed victims of child abuse, according to the ACF. The stakes are high, and this problem will not go away by itself.

With systems as complex as those governing social service functions, automation is extremely difficult—a single change could impact hundreds of rules and processes. However, with a BRE, the decision-making logic can be externalized into rules that are managed independently from the overall system. In other words, an administrator can make a change to a rule, test it out, and execute it without a major development lifecycle. Where it once took IT weeks or months to make a change, it can now be done in hours—usually by the business without the need for IT resources.

Pennsylvania's Improved Efficiency

One example where this is taking place today is in Pennsylvania's Department of Human Services (PDHS). The PDHS provides services to 2.7 million residents in need, including children in the foster care system, but the technology behind their service system required hard coding into the agency's mainframe. This required a months-long process to make any rules modifications for eligibility.

After deploying a rules engine, efficiency improved, compliance increased, and better service was rendered to citizens (who could now, for example, self-screen). In testing, the rules engine performed a task in 43 minutes that previously took two days on the mainframe, according to Shirley Monroe, the now retired chief technology officer for the state's human services, insurance, and aging programs who was there when the BRE was installed. She went on to note, "This is the level of performance we are seeing across the board."

Business Rules Engines Are Already Improving Outcomes

Many government agencies are already familiar with a business rules engine, because it's often implemented in systems like Medicare and health care exchanges. Numerous states are utilizing a BRE to determine complex healthcare eligibility requirements more quickly, saving administrators time and helping them do their jobs more efficiently.

If you're wondering whether your state is currently benefitting from a BRE, the answer is likely to be "yes." A majority of states have already implemented this in places like health care, pensions, and DMVs. For many government agencies, a BRE is already a best-in-class solution.

How Progress Corticon Can Help

Action needs to be taken to help today's caseworkers cope with their workloads and make the best decisions possible, and Progress can help. Progress Corticon is an industry-leading BRE with a strong presence in government space, and a demonstrable track record of supporting complex eligibility requirements.

In conjunction with a caseworker's clinical judgment and other data, Corticon can be used to process information about a child's case to determine whether the child should be reunified with their family. It can help caseworkers spend less time filling out paperwork, and more time working with children that need one-on-one attention. Most important, it can serve as a vital aid to the caseworker charged with making the best decision possible for a child in need.

Corticon has already helped many health and human service departments operate more effectively, letting those working with needy individuals do their jobs better. Thanks to the Affordable Care Act's help in funding commercial-off-the-shelf products like Corticon, this is often done at a significantly reduced cost for states that implement it.

One way or another, it's critical that child welfare agencies strongly consider solutions to help reduce the load on their caseworkers so that they can provide the best care possible. The growing emergence of BREs presents a powerful solution for states looking to operate with greater efficiency without compromising care.

***Mark Allen** is the vice president of Technology at Progress.*

NAC continued from page 25

statistics. Similarly, Alabama has also experienced a 74 percent decrease.

The NAC partner states are leading the way and demonstrating the importance and value of sharing information for vetting public assistance applications nationwide. Beginning in 2015, other states began expressing interest in realizing their own returns by participating in the NAC solution. Each new state that joins will have to become contributing members of the consortium, but the more states and different programs that participate, the more valuable the system becomes. States joining the NAC program will enter into an agreement to participate, pay an "up-front fee" to join and an annual fee thereafter, and be guided through a comprehensive onboarding process based on best-practice models identified from the existing five-state consortium.

While the NAC is currently working to improve integrity in SNAP and D-SNAP, it has been undergoing development for use more broadly and has started receiving files from programs such as Medicaid, TANF, and CHIP—offering a ready design to aid these other HHS programs and provide substantial savings.

This holistic concept of a National Accuracy Clearinghouse is building upon the successes with SNAP and D-SNAP to provide a unified approach through identity-driven solutions to ensure the efficiency and sustainability of public assistance programs. In fact, the NAC invites states to work with the consortium states, FNS, the Centers for Medicare and Medicaid Services, and other relevant agencies to include additional programs in the solution, as well as additional identity verification and fraud prevention tools that can support their business processes.

COMBATTING THE CHALLENGE

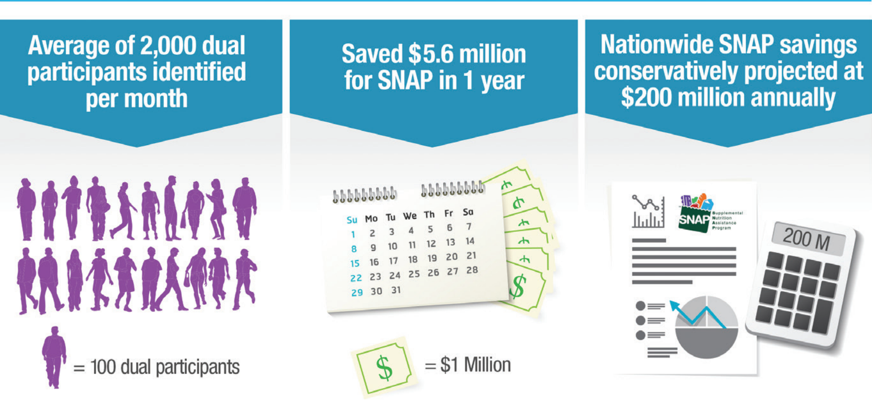
The problem of dual participation in public assistance programs—whether accidental or intentional—drains critical resources. The NAC was created to combat this challenge. As a contributory system of beneficiary information across states, it provides states with immediate and actionable identity intelligence with the goal of reducing duplicate benefit issuance and improving program access.

By sharing information between states, it is easier to ensure that funds only go to eligible recipients. The hope is that this innovative solution will soon be providing value and intelligence nationwide to all HHS public assistance programs.

The NAC, of course, will not resolve all fraud across all benefits programs, but it solidly addresses the key issue of dual participation. By protecting access and eligibility for legitimate applicants and participants, NAC is streamlining agency application process, increasing accuracy, and bringing benefits back to the citizens who need them most.

Source: Public Consulting Group, National Accuracy Clearinghouse Evaluation Reports

Their Results:



For more information, visit: www.NationalAccuracyClearinghouse.com

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THIS HOLISTIC CONCEPT OF A NATIONAL ACCURACY CLEARINGHOUSE IS BUILDING UPON THE SUCCESSES WITH SNAP AND D-SNAP TO PROVIDE A UNIFIED APPROACH THROUGH IDENTITY-DRIVEN SOLUTIONS TO ENSURE THE EFFICIENCY AND SUSTAINABILITY OF PUBLIC ASSISTANCE PROGRAMS.

Reference Note

1. *http://www.washingtonpost.com/wp-dyn/content/article/2006/06/06/AR2006060601729.html*

WHAT IF continued from page 33

Internet of Me: Connected Devices Reinvent Self-Service

What if…

agencies delivered "My Human Services" based on data insight from mobile digital identification?

Online public portals and mobile apps allow citizens to check eligibility for services, apply for and manage benefits, and coordinate with agencies and service providers. The convergence of connected devices and digital data from third-party sources extends the art of the possible in self service, empowering citizens and improving caseworker effectiveness. This is the Internet of Things, the next generation of mobility. In addition to smartphones and tablets, everyday objects such as wearables, cars, and homes are connected. Such devices can expand contextual data that agencies have about their clients. This creates a mechanism to tailor health and human service delivery at scale—providing information and experiences customized to who people are and what they need.

What if agencies delivered "My Human Services" based on insight from mobile digital identification? The concept of a personal digital profile is common in other industries. In health care, electronic medical records provide a single patient profile that can be accessed by health care teams over time and often across institutional boundaries. Credit card companies use digital profiles to track anomalies in cardholders' spending patterns to prevent fraud.

By digitally transmitting and managing customer information from connected devices with proper security and governance, agencies increase client centricity and deliver services proactively. This is revolutionary. Instead of relying on caseworkers and clients to "feed the system," the system feeds itself. It is insight-driven, making connections and triggering next-best-actions so agencies work differently.

Intelligent Automation: Humans and Machines Working in Harmony

What if…

agencies could determine program eligibility in real time without any caseworker intervention?

Software that learns can dramatically change how human service agencies work, reallocating precious resources, including time, money, and expertise. This is workforce efficiency for the digital age. It is a common-sense approach to automating transactional tasks to improve service delivery and lower costs. Caseworkers are freed up for vital judgment work. Customers are also empowered—spending less time tracking basic services and more time charting their path to self-sufficiency.

What if agencies could determine program eligibility in real time without any caseworker intervention? It is already happening with no-touch processing. Case in point: The Ohio Integrated Eligibility System uses no-touch processing for intake and case creation, relying on state and federally defined program rules to determine eligibility. Citizens can apply online and receive near real-time eligibility determination without worker intervention. Today, more than 60 percent of applications have some form of automated processing.

As agencies implement intelligent automation, they must determine the best-use cases. It is also critical to rethink policy, building rules and tolerances that will affect all facets of the organization.

From What If to What's Now

Analytics, Internet of Things, and Intelligent Automation are human service game changers. To benefit, agencies must invest strategically and address the organizational impact broadly. Funding mechanisms and approaches must also evolve to take advantage of these new tools.

This is how human service agencies can build the foundation for tomorrow's digital human services agency. It is a bright future—proactive, client-centric services with agile, insight-driven operations so agencies move up the Human Services Value Curve.

***Debora Morris** is the managing director, Accenture Health and Human Services Growth and Strategy Lead.*

***Sean Toole** is the managing director at Accenture Human Services.*

Analytics, Internet of Things, and Intelligent Automation are human service game changers. To benefit, agencies must invest strategically and address the organizational impact broadly. Funding mechanisms and approaches must also evolve to take advantage of these new tools.

MDERNIZATION continued from page 29

waiver, as well as the availability of state cost share and budget timing.

- **Timeline:** The duration and sequencing of initiatives must be rational and take into account interdependencies both with initiatives that are part of the transformation effort as well as other initiatives that may be occurring within the agency or broader enterprise.
- **Procurement strategy:** Consideration must be given to state procurement requirements and restrictions, potentially warranting consultation with the procurement office. Procurement is often the "long pole in the tent" for transformation initiatives, so emphasis should be placed on efficient approaches that reduce time lost to the procurement cycle, including potential compromise on technical options and sequencing of initiatives.

The completed roadmap serves a key artifact that can give state executive sponsors, as well as federal funding agencies, a clear line of sight for how the planned incremental modernization will reach the ultimate vision and realization of the goals and benefits promised to obtain funding approval (see Chart 3).

The Trip from New York to San Francisco

Anyone who has ever taken a road trip knows that they can be fun and, if well planned, can be less costly than simply jumping on an airplane and flying direct. In addition, anyone experienced with air travel today knows that ticket prices seem to only be getting higher, delays are common, and the experience of being crammed in a shrinking economy seat for hours on end is, at best, uncomfortable. In short, an airplane may still be the fastest way to get from point A to point B, but it may not always be the best.

A road trip provides some advantages. You are not confined to the plane, you have options regarding what route to take, you can decide mid-trip to take a detour or to change course entirely. You might even decide to drive your own car part of the way and then jump on an airplane if it makes sense to quickly advance to the next stop.

If you decide to take the hypothetical IT transformation road trip, it is important that state executives understand that they retain much greater responsibility for getting from Point A to Point B. As a result, it is critical that the journey begin with a clear idea of where you are headed and an initial approach on how to get there that considers the priorities and constraints your agency may have.

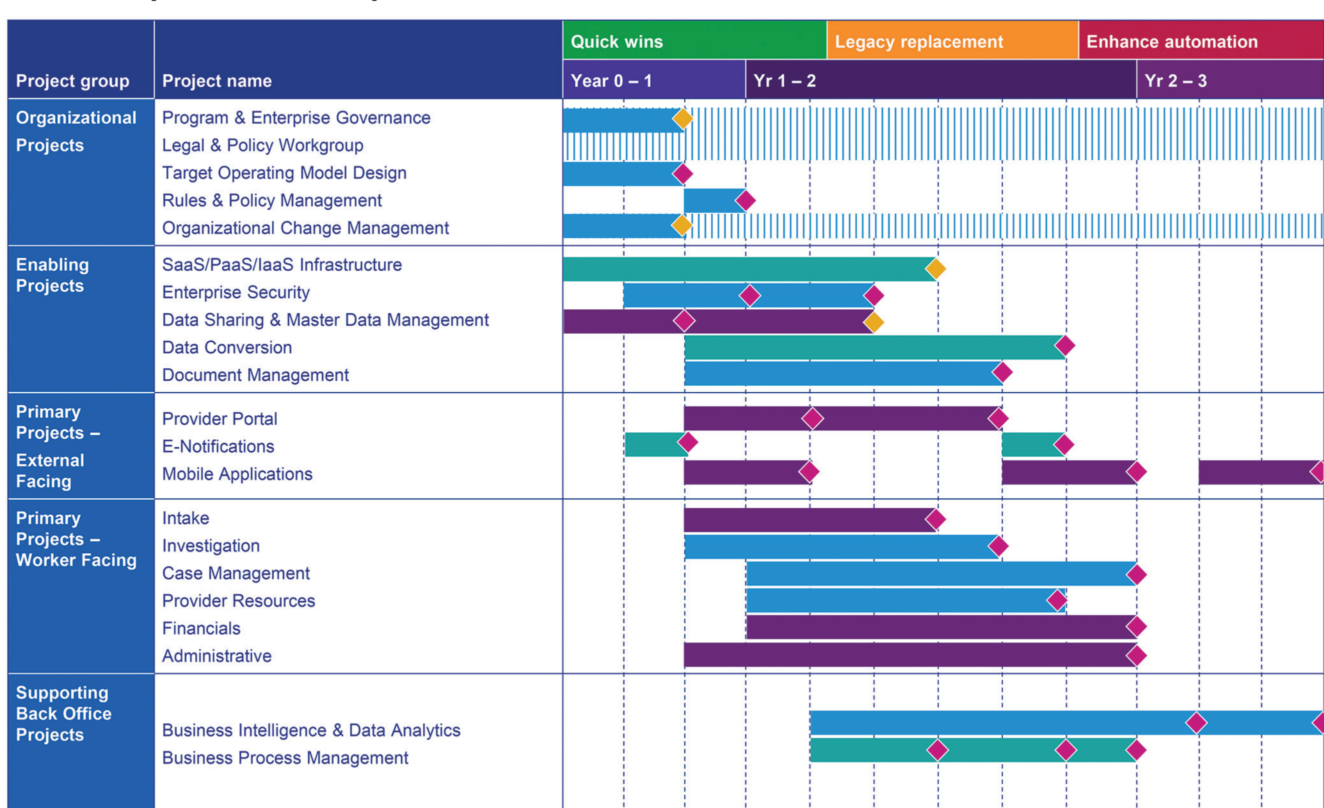
Without that clear plan, you may spend years and millions of dollars and find yourself right back where you started.

Thank you to Deirdre Brodie, Mark Calem, and David Hansell, who contributed to this article.

Reference Note

1. McGrath, Rita. "The Pace of Technology Adoption is Speeding Up." *Harvard Business Review,* November 25, 2013. Retrieved from *https://hbr.org/2013/11/the-pace-of-technology-adoption-is-speeding-up/*

Chart 3: Sample KERA Roadmap



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our do'ers profile

From left, Raghu Govindaraj, Michael Giammanco, and Susmita Linga

In Our Do'ers Profile, we highlight some of the hardworking and talented individuals in public human services. This issue features Tetrus Corporation, a technical vendor to APHSA and Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC) responsible for building a national data exchange for ICPC information.

Key Members of the Tetrus Team: Sharad Rao, President and CEO; Tom Livoti, Director of Customer Support; Raghu Govindaraj, Vice President of Engineering; Susmita Linga, Senior Business Analyst, Chandra Jonelagadda, Chief Information Officer; and Michael Giammanco, Vice President of Program Management

Experience with TETRUS or Similar Projects: Although this was the first time working together, APHSA, AAICPC, and Tetrus soon formed a collaborative partnership based on mutual respect, collegiality, and individual expertise to build and deliver the National Electronic Interstate Compact Enterprise (NEICE) system to state child welfare agencies. The NEICE was developed as a pilot project with five states and the District of Columbia to exchange case data and documents electronically across state lines. The successful pilot reduced the time children were waiting to be adopted or placed in foster care across state boundaries, and has helped improve administration of the ICPC through better case tracking. In 2015, the partnership was expanded to take the NEICE system nationwide. NEICE is made possible by grant number 90XA0151 from the Children's Bureau.[1]

The members of the project team (APHSA, AAICPC, Tetrus, and the state pilots) have truly worked in partnership with a "can do" attitude to solve various issues that have arisen during the project. Rather than tell the project team that new requests "can't be done," Tetrus has consistently worked with the team to find and develop workable technical solutions.

Rewards of the Project: The biggest rewards of the project have been the reduction of timelines for placement decisions for children across state boundaries, and the savings in copying and mailing costs.

Some of the other rewards include the increased ability of states to share case data quickly and securely using national data standards, known as the National Information Exchange Model (NIEM). Tetrus has brought its considerable technical expertise and experience with NIEM standards to bear on this project, and significantly elevated the overall quality of the information system developed. NEICE has created a data infrastructure that other human service programs will be able to leverage to support interoperability within and across state programs.

Accomplishments Most Proud Of: NEICE's most important accomplishment has been reducing the time children wait before they can be placed across state lines for adoption or foster care.

Future Challenges for the Delivery of Public Human Services as it Applies to this Project: This project provides the ability for public agencies to connect data stored across different human service program information systems, which will improve decision-making and program administration. For example, ultimately, NEICE is intended to be connected to child abuse and neglect registries and health information systems. However, the ability to share and connect case information across public agencies is a relatively recent innovation made possible by data standardization efforts. Security and privacy concerns are real issues that must be navigated for each data-sharing effort, and are governed by a number of state and federal laws that are also still being refined. Cybersecurity and liability insurance policies must be outlined, and plans for handling data breaches. These challenges do not make data sharing impossible, but are examples of some of the issues this project has faced and thus far, overcome.

Little Known Facts About the Project: This data exchange infrastructure is the first of its kind in the public human service arena. This project will create the infrastructure to support integrated service delivery and effective interventions for victims of human trafficking; enable child welfare workers to be operationally effective in the delivery of services; and provide information to judges and other personnel involved in the decision-making process to support the adoption of children across state boundaries.

Reference Note

1. The contents of this article do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services.

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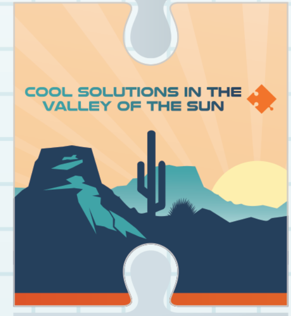

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49th ISM Annual Conference

COOL SOLUTIONS IN THE VALLEY OF THE SUN

#ISMPHX

SEPTEMBER 18–21, 2016

SUPPLEMENT TO AUGUST 2016 EDITION OF *POLICY & PRACTICE*

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Integration and Beyond

Complex modernization programs require leadership across many stakeholders, experience in navigating requirements and expert integration of data across multi-vendor ecosystems.

CGI's **ModernSI** approach provides for not only effective program management and governance of health and human services IT projects, but the critical work of data integration in an era of modular and agile deployments.

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APHSA 49th Annual
IT Solutions Management for Human Services (ISM) Conference

49th ISM Annual Conference
COOL SOLUTIONS IN THE VALLEY OF THE SUN

WHAT?

ISM Annual Conference

WHEN?

Sunday, Sept. 18 to
Wednesday, Sept. 21, 2016

WHO?

Professionals from all over the nation and beyond, and across a broad spectrum of health and human service practice areas, both business and technology.

WHERE?

Phoenix Convention Center
Phoenix, AZ

HOTELS?

Phoenix Convention Center
Hyatt Regency Phoenix
Renaissance Phoenix
Westin Phoenix

JOIN THE CONVERSATION

ISM has gone digital! Stay up-to-date during ISM2016 on Facebook, Twitter, and LinkedIn for live updates, photos, and more! **#ISMPHX**

www.ISMconference.com

WELCOME TO ISM2016

SEE YOU IN PHOENIX!

Dear Colleagues,

It is an honor to welcome you to Phoenix, AZ for the 49th Annual Information Technology Solutions Management for Human Services (ISM) Conference to be held September 18–21. While the temperatures outside tend to be a bit warm, inside the Phoenix Convention Center, the 2016 conference agenda features *Cool Solutions in the Valley of the Sun*.

The ISM Annual Conference draws professionals from all over the nation and beyond, and across a broad spectrum of health and human service practice areas, both business and technology. As always, the conference agenda will be packed with sessions showcasing state and local government successes, cutting-edge solutions and ideas from the industry sponsors, and observations and initiatives from our federal partners. Agenda themes are shaped around how IT can assist health and human service (HHS) programs in meeting today's challenges, and include the following:

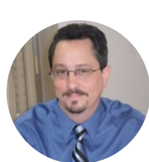
- **Data Analytics**
- **Federal Guidance**
- **Agile/Modular Methodology**
- **Disruptive Technology**
- **Service Delivery**
- **Leadership**
- **Security**

The ISM Executive Advisory Council and the American Public Human Services Association (APHSA) Leadership team are also excited to launch the first APHSA Emerging Leaders Program at ISM. Private- and public-sector staff, nominated by their organizations, will have an opportunity to participate in several sessions focused exclusively on leadership development.

Each year, a local charity providing critical services in the host city is identified and participants and sponsors contribute to that organization's cause. As HHS professionals, we share values of giving back and paying it forward. These values are reflected in ISM's "Technology for a Cause" tradition. This year we are delighted to support Childhelp, a Phoenix-based nonprofit charity focused on breaking the cycle of child abuse across the nation. Visit the ISM conference website for details on how to participate in and support the #FiveTooMany campaign.

This special section provides an overview of ISM2016, including agenda highlights, featured speakers, lodging and registration information, the Emerging Leaders program, Childhelp, and conference events and activities. Detailed information about the conference, including registration can be found at http://www.ismconference.com.

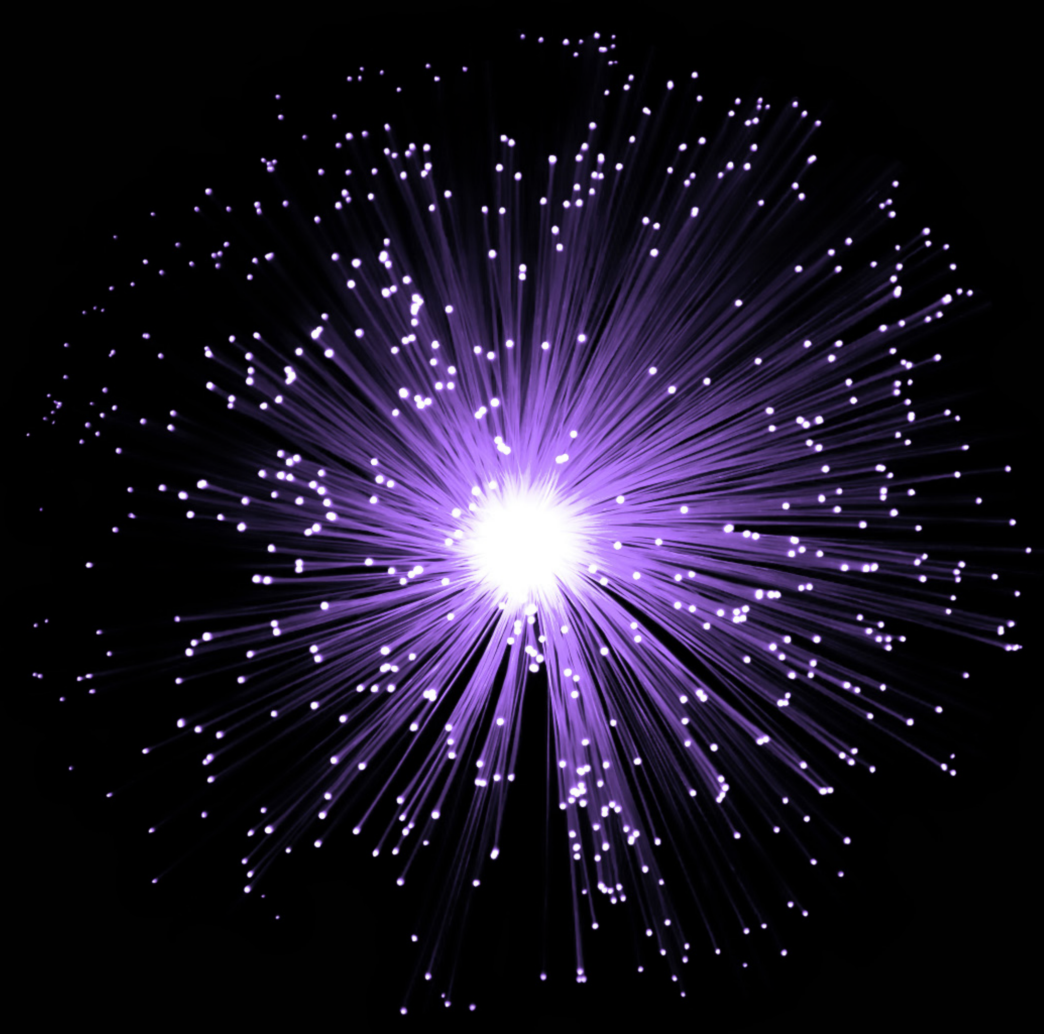
We sincerely look forward to seeing you in Phoenix, your 2016 destination for *Cool Solutions in the Valley of the Sun*.



Todd Bright
ISM President and
Deputy Director, Operations
Arizona Department of Economic Security

Tracy Wareing Evans
Executive Director,
American Public Human Services Association

Deloitte.



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DISCOVER A SOLUTION FOR YOUR ORGANIZATION AT ISM2016

The 49th ISM Annual Conference has a full agenda with more than 30 general and breakout sessions covering a broad spectrum of topics and solutions within health and human services (HHS). Agenda themes for this year include **Data Analytics, Agile/Modularity Methodology, Disruptive Technology, Service Delivery, Federal Guidance, Leadership, and Security.**

DATA ANALYTICS

ISM2016 increases the focus on data and the expanding role of data analytics in HHS. In the current political climate, HHS agencies are under increasing pressure to show measurable improvement in the lives of citizens who are served, not just timely delivery of benefits. Agency leadership is now looking at client outcomes. This demands that agencies develop innovative approaches to data being captured, along with mining that data to provide meaningful guidance in creating positive outcomes for citizens.

On the topic of "big data," this year's agenda moves the discussion from theoretical to practical. ISM2016 includes sessions that demonstrate how to apply data analytics to improving client outcomes. You will also see how nontraditional sources of data, when added to the mix, provide case managers with a more holistic view of the client, opening paths to new approaches for targeted delivery of services. Past conferences have focused on integration of programs and increased data sharing. Although a client or family may appear to have been well served through more efficient benefit programs, this increased amount of data, when properly analyzed, can provide case managers with new insight on ways to work more effectively with clients, moving them closer to realizing their potential.

One emerging idea with potential for improved outcomes is in the area of cognitive and behavioral science.

There is increasing research on how the brain functions in various situations and on the impact trauma and environmental conditions have on decision-making. The use of data analytics is proving to be very valuable in providing effective approaches to administering services, which, in turn, is producing more promising outcomes. ISM2016 sessions dive deeply into this topic, explaining how it can impact delivery of child welfare services and help clients make better decisions.

Traditionally, data analytics has been used in fraud detection and prevention. While this staple continues to be a part of the discussion, ISM2016 takes a new look at how analytics can help guide program cost reductions, beyond the traditional approach of doing more with less. Data analytics provides an opportunity for improved resource allocations and program policy changes that more effectively meet the challenges of budget cuts. One area of particular interest is how the use of data is proving to be an effective weapon in addressing the opiate crisis challenge.

The good news about data analytics is that the specter of working with "big data" is not some large and expensive project that takes years to produce results. Advancements in technology are now making the challenge not about the software, but about the questions program decision-makers have and how best to address them. With a greater focus on program integration and data sharing, coupled with new tools found in the marketplace, we can anticipate a wealth of information and knowledge resulting in continued outcome improvements for our citizens and a more efficient and effective organization able to respond quickly and intelligently to new challenges.

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MODERNIZING

HEALTH AND HUMAN SERVICES

TAKES ONE POWERFUL TECHNOLOGY

BACKBONE

HEALTHIER IS HERE

As a health services and innovation company, we power modern health care by combining data and analytics with technology and expertise. It's how we help states build the backbone for a more efficient Health and Human Services delivery system. Because at Optum, we're powering modern health care to create a healthier world. Stop by our booth at the ISM Conference to find out more about our modular, service-based solutions.

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People. Technology. Data. Action.

AGILE/MODULARITY METHODOLOGY

Traditional system development methodologies, like Waterfall, cannot keep pace with rapid advances in technology and changing business requirements and program priorities. While the movement to agile and modular systems to quickly deliver value has been growing in the HHS community for some time, recent federal mandates for modular implementations from the Centers for Medicare and Medicaid Services (CMS) and the Administration on Children, Youth, and Families (ACYF) have set in motion an irreversible movement away from lengthy waterfall implementations toward a more agile, modular approach to new HHS system development and modernization. Make no mistake; this is a seismic event for state HHS IT and program management. The traditional technical and program organizational infrastructure and the culture of managing and overseeing HHS IT initiatives are built on an expectation of waterfall processes, plans, and deliverables that are typically not created or needed on an agile project.

The shift to agile and modular implementations is not limited to system development and rollout. How do agencies procure for these projects? Terms like agile and modular procurements have entered the HHS lexicon without clear definition across or even within a state. Many state requests for proposal for agile software development still include deliverables and payment points that are waterfall dependent, which inadvertently creates an unstable environment before the project begins.

ISM2016 has several sessions addressing the many facets and challenges of moving from a waterfall to an agile/modular world. A good place to start is to understand what IT governance needs to be in place to support agile/modular methodologies from the project charter (planning, procurement, development and implementation, maintenance and operations). Your agency may have a strong IT governance structure and process in place but is it suitable for agile/modular projects? Several states that have adapted their IT governance to agile will share their challenges, outcomes, and lessons learned.

There is a lot of buzz in the HHS community about GSA's 18F. An office inside the General Services Administration, 18F helps other federal, and now state, agencies build, buy, and share efficient and easy-to-use digital services. They are proponents of modular procurements and agile development. California has brought 18F and others on board and is moving forward with a modular and agile approach to delivering their Comprehensive Child Welfare Information Systems. Come to ISM2016 and hear how California is leveraging 18F to replace a year-long procurement for a monolithic system and deliver working software in a matter of weeks.

While the movement to agile is gaining momentum and federal backing, your IT portfolio includes massive investments in legacy systems supported by a workforce and management that are rooted in waterfall methodologies for maintenance and operations as well as enhancements. Today's IT organizations require a workforce that can accommodate both waterfall and agile processes. Having both teams work concurrently and, it is hoped, collaboratively within an organization requires planning and understanding the different skills and motivators required to ensure that both agile and waterfall teams are productive.

The advent of agile and modular methodologies requires HHS agencies and the private sector to rethink the role of a System Integrator (SI). Is an SI still needed? Can an SI also be the developer of one or more modules? How and when should an agency procure for an SI? ISM2016 provides a forum for states and the private sector to address these, and other questions about how and if an SI can provide value in an agile world.

Visit us at booth 911
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DISRUPTIVE TECHNOLOGY

ISM2016 delves deep into what emerging technologies are actually having a major, even disruptive, impact on implementation of HHS IT systems and service delivery. The mission-critical nature of HHS requires rigorous vetting and planning to ensure that a disruptive technology does not interrupt or interfere with service delivery. New technologies often come with hard-to-verify claims of increased programmer productivity and lower costs. While these are admirable goals, it is incumbent upon HHS IT management to ensure that prior to adopting a new technology that all of its impacts are thoroughly assessed, understood, and communicated to all actors and stakeholders. Where better to begin your assessment of the suitability of an emerging technology than to hear from your counterparts in other states already working to implement new technologies, and private-sector representatives that are vested in the successful integration of these technologies into the HHS IT enterprise.

Open Source Software (OSS) has many advocates in several technical communities, especially with academics, but has not made major inroads into the HHS IT space. Barriers to OSS adoptions include lack of in-house or vendor expertise, concerns that OSS is not as secure as proprietary software, and hard-to-quantify costs related to “free” OSS. Despite these concerns, several HHS agencies are cautiously moving to adopt OSS. ISM2016 addresses the concerns, challenges, and costs associated with OSS with presentations from three states about their experiences and outcomes using OSS.

One disruptive technology that is getting a lot of attention in the private sector is the Internet of Things (IOT). From household appliances to autonomous automobiles, there is tremendous interest and considerable investment in IOT. Is IOT applicable to HHS service delivery? IOT is beginning to show up in the health care space with solutions such as remote health monitoring, which can help patients and providers more effectively manage chronic diseases (diabetes or congestive heart failure). Tracking devices in the form of wearable technologies can be used to monitor Alzheimer’s patients or enable aging in place. Providers are starting to send patients home with remote health monitoring devices (blood pressure cuffs, weight scales, heart rate monitors) for early detection of problems before they become critical and result in expensive hospital readmissions. All of these innovations are driving better health outcomes at lower cost. Can IOT for HHS be far behind?

HHS has been active in adopting mobile technologies for a mobile workforce and client population. Our clients are much more likely to have access to a smartphone than a laptop. HHS mobile workers routinely use standard smartphone features like GPS as an integral part of their work day. Given the penetration of mobile technology in HHS is it now possible to pinpoint when, where, and how to acquire, implement, and maintain mobile apps?

Often a legacy HHS IT replacement takes multiple years and millions of dollars before the HHS agency receives any value in return on its investment. The popularity of Agile software development methodologies and modular development seeks to alter that paradigm.

Automated software migration from expensive, outdated, proprietary mainframe source code to a modern code base like Java is another promising approach to quickly realizing value by eliminating licensing fees and creating a stable platform for application modernization going forward. Automated code generators have been around for some time. While early initiatives produced code that was inefficient and hard to maintain, recent entries into the market appear to be delivering on their promises of generating clean code with minimum human intervention. Several state HHS agencies are moving ahead with “black box” platform migrations with encouraging outcomes. Is getting off the mainframe first and then modernizing your legacy app the right approach for your agency? It depends!

Cloud is another disruptive technology that HHS agencies have been slow to adopt when compared to the private sector. But there are signs that the times are changing as several HHS agencies appear ready to move some portions of their IT enterprise to the Cloud. There is now a considerable body of knowledge on Cloud implementations from both the government and private-sector communities. In the near term, however, it is unlikely that any HHS agency is ready to move their entire enterprise to the Cloud. State HHS IT management, working with their program counterparts, need to establish criteria and expectations for what part of the enterprise is best suited for the Cloud and what should remain on the premises.

SERVICE DELIVERY

At the risk of stating the obvious, technology has already changed everything about how we deliver human services and the changes keep coming.

The Affordable Care Act (ACA) brought a "no touch" eligibility experience to the forefront of the Medicaid application experience. Beyond ACA, states continue to pursue this vision as part of the modernization efforts. The efficiencies of no-touch processing continue to be a significant justification for investments in modernization. But not all federal programs have embraced this approach. Staff and clients must rationalize these, sometimes competing, service delivery models. ISM2016 provides insight into how different states are approaching this paradox.

Our clients are also looking for low-touch opportunities that take the bureaucracy out of getting help. Enter the notion of Client Portals that allow clients to get information, apply for multiple programs, and report life events one time in a single seamless online experience—without ever stepping foot in a government building. ISM2016 highlights industry thought leadership and real-world experience on the road to "no wrong door" service delivery.

In the past, federal partner rules guided states toward proven solutions that tended to be more monolithic and rigid to change. With CMS's Medicaid Information Technology Architecture (MITA) as the vanguard and the Administration for Children and Families (ACF) close behind, we're seeing the federal government move toward modular, component-based approaches in funding state solutions. This change enables states to implement solutions that can change quickly as technology changes and adapt quickly to evolving business needs. At ISM2016, you'll hear more about new CCWIS changes that embrace modularity, flexibility, mobility, and agility.

While the conference has a track dedicated to data analytics, ISM2016 also explores the impacts of analytics on integrated service delivery at the worker level.

Technology is also changing the way we train staff and share knowledge and best practice.

Budgets have forced states to look for more efficient training options, like eLearning. Not only are more eLearning options available, Millennials, who have grown up with the Internet, embrace online learning, share everything, and expect be able to find information as they need it. ISM2016 provides opportunities to hear how states and industry partners have put "just in time" learning in the hands of their staff.

One of the key benefits of the annual ISM conference is the opportunity to share ideas and successes. Every year, state and local governments showcase creative service delivery improvement solutions. In the many networking opportunities, attendees are able to make connections with others trying to solve similar programs. The seeds of innovation and inspiration are sown. People borrow good ideas and make them even better. This year, we'll hear from a couple of states that took inspiration they gained at an ISM conference back home and made lasting improvements.

BE SURE TO ATTEND BREAKOUT SESSIONS BASED ON ALL OUR THEMES:

Data Analytics

Federal Guidance

Agile/Modular Methodology

Disruptive Technology

Service Delivery

Leadership

Security

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BE SURE TO CATCH THESE SPEAKERS AT ISM2016!

MONDAY, SEPTEMBER 19

8:30 AM–10:00 AM Opening General Session

Welcome to Phoenix
The Honorable Greg Stanton
Mayor of Phoenix

Opening Keynote: Leadership in a Time of Turbulence: Turning Ideas into Outcomes
Antonio Oftelie, PhD
Executive Director, Leadership for a Networked World

TUESDAY, SEPTEMBER 20

8:30 AM–9:15 AM Cyber Security–What the FBI Wants You to Know

9:15 AM–10:00 AM What is 18F and How Can They Help with Digital Government?

Barbara Carnahan
Senior Advisor, 18F
General Services Administration (GSA)

Rafael López
Commissioner, Administration on Children, Youth, and Families (ACYF)

WEDNESDAY, SEPTEMBER 21

12:15 PM–1:45 PM Food, Facts, and Fun General Session

Change 180: Dealing with Change Through Humor
Featuring Tim & Kris O'Shea

FEDERAL PARTICIPATION IS UP!

ISM2016 Attendees have Unrivaled Access to the Federal Partners!

Federal Office Hours*

State and local attendees will have an opportunity to schedule an appointment for one-on-one meetings with specific federal agency representatives during "Office Hours" sessions. These sessions give states time to engage in a dialogue with program leaders from federal agencies on state-specific issues.

More information about Office Hours and how to make an appointment with FNS or ACF/HHS can be found on the ISM Conference site at http://www.ism conference.com.

FNS/USDA

SNAP Systems and Policy

ACF/HHS

Child Support, Child Welfare, Eligibility and Enrollment

**open only to state and local agency attendees by appointment only*

SUPER FEDERAL PANEL

Wednesday afternoon has been expanded to include a **Super Federal Panel** where attendees will have an opportunity to ask panel members questions during the general session. Many federal agencies are also participating in several conference sessions, including a session devoted to the new CCWIS rules. Panel members include:

- Jessica Kahn, Director, Data and Systems Group, Center for Medicaid and CHIP Services, CMS, U.S. Department of Health and Human Services (DHHS)
- Chris Traver, Senior Advisor for Information Sharing, Office of the Assistant Secretary, ACF, DHHS
- Lizbeth Silbermann, Director, Program Development Division, Food and Nutrition Service (FNS), USDA
- Karen Painter-Jaquess, State Systems Director, FNS, USDA
- Terry Watt, Children's Bureau, ACYF, ACF, HHS
- Raghavan Varadachari, Office of Child Support Enforcement, ACF, HHS

NEW! Immediately following the general session there will be a **Roundtable with Federal Partners***. During the roundtable session, attendees will have an opportunity to meet with panel members.

**open only to state and local agency attendees*

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By creating expressways to help you and your team manage - and accomplish - the work, our process consulting helps you overcome the long lines, ringing phones and growing stacks of actual and virtual files. And our powerful software anticipates the traffic jams and helps your customers find alternate routes and expressways.

Are you ready for a new direction? Stop by our booth at the ISM Conference and let's talk about tackling the roadblocks that stand in your way so that you and your team can focus on serving your customers and helping them get the assistance they need as quickly as possible.

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Thank You Sponsors!

The Phoenix Convention Center, West Hall will host a diverse group of private-sector vendors displaying their latest products, solutions and services directed to the health and human services market. New this year in the Exhibit Hall will be the Emerging Leaders Poster Session and Demo Theatres. Check the conference app and website for specific times. *(As of July 18, 2016)*

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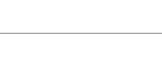

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49th ISM Annual Conference

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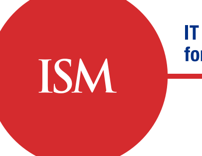


IT Solutions Management for Human Services

APHSA American Public Human Services Association

Exhibit Hall Hours & Events

SUNDAY, SEPTEMBER 18

6:30 PM – 8:00 PM	Opening Reception

MONDAY, SEPTEMBER 19

7:30 AM – 6:30 PM	Exhibit Hall Open
7:30 AM – 8:30 AM	Continental Breakfast
10:00 AM – 11:00 AM 2:30 PM – 3:30 PM	Networking Breaks and Demo Presentations
4:30 PM – 6:30 PM	Networking Reception and Emerging Leaders Poster Session

TUESDAY, SEPTEMBER 20

7:30 AM – 5:30 PM	Exhibit Hall Open
7:30 AM – 8:30 AM	Continental Breakfast
10:00 AM – 11:00 AM	Networking Break and Demo Presentations
2:30 PM – 3:30 PM 4:30 PM – 5:30 PM	Networking Breaks

WEDNESDAY, SEPTEMBER 21

7:45 AM – 11:00 AM	Exhibit Hall Open
7:45 AM – 8:30 AM	Continental Breakfast
10:00 AM – 11:00 AM	Networking Break

49th ISM Annual Conference Agenda-At-a-Glance *(Schedule and sessions subject to change)*

SUNDAY, SEPTEMBER 18

- 7:00 AM - 1:00 PM — Golf Scramble *(additional cost)* | Offsite Location: ASU Karsten Golf Course
- 8:00 AM - 1:00 PM — Community Engagement Event *(Partner with Childhelp, a local nonprofit)* | Offsite Location
- 10:00 AM - 6:30 PM — Registration and Information Desk
- **3:30 PM - 5:30 PM** — **State and Local Forum** *(open to all state and local agency attendees)*
- **5:00 PM - 6:00 PM** — **Reception** *(by invite only)*
- **5:30 PM - 6:30 PM** — **Emerging Leaders Reception** *(by invite only)*
- **6:30 PM - 8:00 PM** — **Opening Reception**

MONDAY, SEPTEMBER 19

- 7:00 AM - 4:00 PM — Registration and Information Desk
- 7:30 AM - 8:30 AM — Continental Breakfast in Exhibit Area
- **8:30 AM - 10:00 AM** — **Opening General Session**
  Todd Bright, President, ISM; The Honorable Greg Stanton, Mayor of Phoenix; Tracy Wareing Evans, Executive Director, APHSA
  Keynote Address: *Antonio Oftelie, PhD, Executive Director, Leadership and Building Successful Teams*
- 10:00 AM - 11:00 AM — Networking Break and Demo Presentations

11:00 AM - 12:00 PM

DATA ANALYTICS	SERVICE DELIVERY	DISRUPTIVE TECHNOLOGY	LEADERSHIP
Insight to Action in Eligibility Programs *Sponsored by Deloitte*	**Changing It Up: Organizational Management and eLearning**	**Pulling the Plug on Your Mainframe**	**Emerging Leaders Session: Neuroscience of Managing Complex Teams** *(by invite only)*

- **12:00 PM - 1:30 PM** — **ISM Recognition Awards Lunch**

1:30 PM - 2:30 PM

AGILE/MODULARITY METHODOLOGY	DATA ANALYTICS	DISRUPTIVE TECHNOLOGY	DATA ANALYTICS
The Big Bang Burn: How States are Leveraging Modular, Component-Based Approaches to HHS Modernization *Sponsored by KPMG*	**Behavioral Economics: Low-Tech, Low-Cost Interventions with High Impact**	**Give me LIBERTY and give me FREE: The Ins and Outs of Using Open Source Software**	**Case in Point: Evidence-Based Integration Through Missouri Health Homes**

- 2:30 PM - 3:30 PM — Networking Break and Demo Presentations

3:30 PM - 4:30 PM

DATA ANALYTICS	SERVICE DELIVERY	SERVICE DELIVERY	LEADERSHIP
Social Programs in the Cognitive Era: Agile, Incremental, Innovative *Sponsored by IBM*	**A New Normal for Child Welfare Agencies** *Sponsored by Microsoft*	**Eligibility ... To Touch or Not to Touch?**	**The Power of Mindfulness and Meditation for Managing Stress and Maximizing Engagement**

- **4:30 PM - 6:30 PM** — **Emerging Leaders Poster Session and Networking Reception**

TUESDAY, SEPTEMBER 20

- 7:00 AM - 4:00 PM — Registration and Information Desk
- 7:30 AM - 8:30 AM — Continental Breakfast in Exhibit Area
- **8:30 AM - 9:15 AM** — **Cyber Security: What the FBI Wants You to Know**
- **9:15 AM - 10:00 AM** — **What is 18F and How Can They Help with Digital Government?**
- 10:00 AM - 11:00 AM — Networking Break and Demo Presentations

11:00 AM - 12:00 PM

SERVICE DELIVERY	DISRUPTIVE TECHNOLOGY	AGILE/MODULARITY METHODOLOGY	LEADERSHIP
Driving Digital Government Transformation with Creativity and Engagement *Sponsored by Adobe*	**How to Ask for What You Want: Developing Business Cases and Requirements for a Successful Mobility Project** *Sponsored by Diona*	**The Era of Bimodal Governance**	**Emerging Leaders Session: Exercising Adaptive Leadership: Mobilizing for Outcomes and Impact** *(by invite only)*

- **12:00 PM - 1:30 PM** — **Lunch** | On your own
- **12:00 PM - 1:30 PM** — **HSITAG Luncheon** *(by invite only)*

1:30 PM - 2:30 PM

SECURITY	SERVICE DELIVERY	AGILE/MODULARITY METHODOLOGY	DISRUPTIVE TECHNOLOGY
A Perfect Cyber Storm *Sponsored by Northrop Grumman*	**CCDBG Reauthorization: Implications of the New Direction and How States are Implementing**	**Procurement Innovation: A California Case Study**	**Cloud or On-Premise – What Goes Where?**

- 2:30 PM - 3:30 PM — Networking Break

3:30 PM - 4:30 PM

SERVICE DELIVERY	DATA ANALYTICS	FEDERAL GUIDANCE	SERVICE DELIVERY
A New Human Services Vision *Sponsored by Accenture*	**Busted! Whatcha Gonna Do When They Come for You?**	**Open Mic with the Children's Bureau: The CCWIS Report**	**50 Ways to Find Your Love: Stealing Shamelessly with ISM**

- 4:30 PM - 5:30 PM — Networking Break

WEDNESDAY, SEPTEMBER 21

- 7:15 AM - 7:45 AM — Exhibitor Meeting *(sponsors and exhibitors only)*
- 7:45 AM - 8:30 AM — Continental Breakfast in Exhibit Area
- 8:00 AM - 12:00 PM — Registration and Information Desk
- **8:30 AM - 9:00 AM** — **ISM Business Meeting**

9:00 AM - 10:00 AM

SERVICE DELIVERY	DATA ANALYTICS	DISRUPTIVE TECHNOLOGY	LEADERSHIP
Using a Citizen Portal to Improve Service Delivery Effectiveness in Human Services Programs *Sponsored by Xerox*	**Technology as a Weapon in the Opiates Crisis**	**Cloud Technology: Alternatives, Economics, and Agency Experiences** *Sponsored by Oracle*	**Emerging Leaders Session: Managing and Leading Multi-Generational Teams** *(by invite only)*

- 10:00 AM - 11:00 AM — Last Chance to Visit with Exhibitors: Networking Break | Exhibit Hall Closes at 11:00 AM

11:00 AM - 12:00 PM

AGILE/MODULARITY METHODOLOGY	DISRUPTIVE TECHNOLOGY	DATA ANALYTICS
Systems Integrators in the Post "Big Bang" Era of HHS IT *Sponsored by CGI*	**Internet of Things**	**Power Tools: Using Advanced Analytics to Improve Population Health and Well-Being**

- **12:00 PM - 1:45 PM** — **General Session: Change 180: Dealing with Change through Humor** *(lunch included)*
- 1:45 PM - 2:00 PM — Break
- **2:00 PM - 3:30 PM** — **General Session: Federal Systems Panel**
  Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services (HHS); Administration for Children & Families (ACF), HHS; Food and Nutrition Service, U.S. Department of Agriculture; Children's Bureau, Administration for Children, Youth & Families, ACF, HHS; Office of Child Support Enforcement, ACF, HHS
- **3:30 PM - 4:00 PM** — **Invitation to ISM 2017: 50th ISM Annual Conference & Tradeshow, Washington, DC**
- 4:00 PM - 4:15 PM — Break
- **4:15 PM - 5:30 PM** — **Federal Agency Roundtable Session**
  Administration for Children & Families, U.S. Department of Health & Human Services (HHS); Center for Medicaid & CHIP Services, Centers for Medicare and Medicaid Services, HHS; Supplemental Nutrition Assistance Program (SNAP), Food and Nutrition Service, U.S. Department of Agriculture; Office of Child Support Enforcement, ACF, HHS ***(open to state and local agency attendees only)***

EMERGING LEADERS PROGRAM

APHSA is launching, at the ISM Annual Conference, a new Emerging Leaders Program (ELP) to involve rising leaders within the government and private sector who might not otherwise attend APHSA-ISM, and to provide them with specialized leadership training sessions and networking opportunities throughout the ISM Annual Conference. The goal of the program is designed to identify up-and-coming leaders and provide them with a specialized "conference within a conference." The program will include an opening reception, individualized breakout sessions on adaptive leadership, managing and leading multi-generational teams and managing complex teams, a networking event with a poster session, and opportunities to remain connected post-conference. The Emerging Leaders will also have the ability to participate in all sessions, attend networking events, and connect with leaders throughout the conference!

Emerging Leader Program Agenda-At-A-Glance

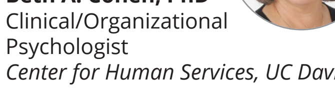
This is an abbreviated agenda highlighting the sessions specific to the Emerging Leaders Program. Participants will be attending other sessions throughout the conference.

SUNDAY, SEPTEMBER 18

- Community Service Project *(optional)*
- Emerging Leaders Reception with APHSA and HSITAG Leadership
- Opening Welcome Reception

MONDAY, SEPTEMBER 19

- Educational Session
  Neuroscience of Managing Complex Teams
  Beth A. Cohen, PhD
  Clinical/Organizational Psychologist
  Center for Human Services, UC Davis



- Poster Session Presentations and Networking Reception
- Scavenger Hunt and Networking Opportunities

TUESDAY, SEPTEMBER 20

- Educational Session
  Exercising Adaptive Leadership: Mobilizing for Outcomes and Impact
  Antonio M. Oftelie, PhD
  Executive Director
  Leadership for a Networked World

WEDNESDAY, SEPTEMBER 21

- Educational Session
  Managing and Leading Multi-Generational Teams
  Patrick Sherman D.M., MPA
  School of Business, Campus College Chair
  University of Phoenix

Your Challenge:

use data, increase services and develop more integrated programs...

START HERE

THE 4TH ANNUAL HHS SPECIAL REPORT

In partnership with APHSA

governing.com/HHSspecialreport

government technology GOVERNING

**Includes members' responses to the APHSA and Governing survey.*

Five Too Many.™

Close to 5 CHILDREN DIE EVERY DAY as a result of child abuse in the United States.

#FIVETOOMANY: CAMPAIGN FOR CHILDHELP

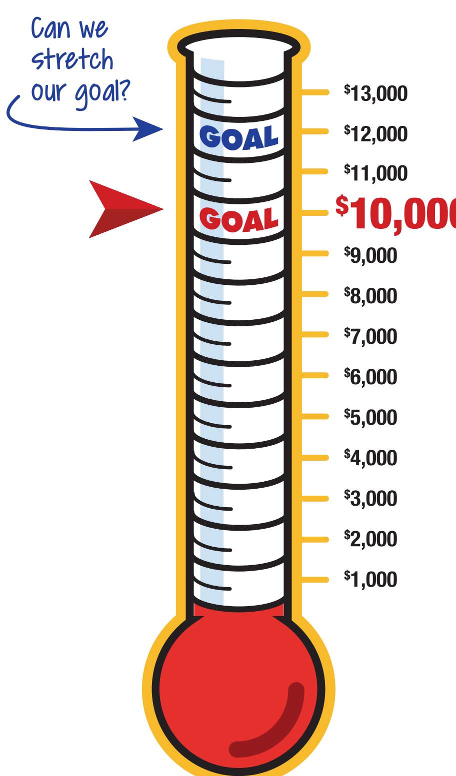
ISM GIVES BACK—TECHNOLOGY FOR A CAUSE

ISM understands the importance of helping those in need and has created a partnership with a local charity in association with the conference—Childhelp—as the official sponsored charity for ISM2016. In their own words... here is Childhelp's story.

Every 10 seconds, there is a new report of child abuse throughout the United States, and every minute, there is a new child victim. Of the more than 3 million reports of child abuse made each year in America, it is estimated that between four and five children die every day, and we know there are many uncounted for who still suffer in silence. But we also know we have even more than hope for it to get better. We have your help.

Since 1959, Childhelp has been a national leader in the fight against child abuse and neglect with the goal of meeting the physical, emotional, educational, and spiritual needs of abused, neglected, and at-risk children. We focus our efforts on prevention, intervention, treatment, and community outreach. The principal theme across all of our programs is to provide the children we serve with an environment of compassion and kindness. We have made some incredible strides against child abuse through our ongoing prevention education and treatment efforts, and we are proud to be a national leader in the safety and protection of children across America.

Reaching Our Goal



#FiveTooMany is a community campaign supported by Childhelp's team of volunteers, staff, and supporters that aims to continue the success of Childhelp's efforts against abuse by supporting successful intervention and treatment initiatives, and nurturing prevention and outreach efforts. The investment needed to protect one child—for an entire year—with the life-saving education provided through the Childhelp Speak Up Be Safe prevention curriculum is just $5. An additional donation of $5 makes sure that a professional counselor is on hand, 24 hours a day, 365 days a year, for that child when they find the courage to ask for help.

Together, we can take action against inaction.
Together we can keep the five, alive.

We are proud to have made significant progress toward our mission of helping victims of child abuse and neglect through prevention, intervention, and treatment. It's through these programs that we have positively impacted more than 10 million children in our nearly 60-year history, but unfortunately there's still so much more to be done! To participate in helping raise $10,000 dollars to support Childhelp and their mission to fight against child abuse and neglect, **you can donate at www.childhelp.org/APHSA**. During the conference look for stations where you can make a donation or plan to participate in our first community service project on Sunday, September 18 to benefit Childhelp.

To learn more about Childhelp, please visit us at www.childhelp.org. *We thank you for your support in helping us bring an end to child abuse and neglect.*

ARRIVING EARLY?
REGISTER FOR THE ISM GOLF SCRAMBLE

The Golf Scramble, an optional event *(at additional cost)*, will be held on Sunday, September 18 from 7:00 AM to 1:00 PM at the award-winning AZ State University's Karsten Golf Course.

Opened in 1989, Karsten is a links-style Peter Dye course has been the home to one of the strongest collegiate golf programs in the country–the ASU Sun Devils. Awarded 4.5 stars by the prestigious Golf Digest Rating Panel, this well maintained and challenging design features Dye's signature mounding and creative bunkering–making proper club selection essential for low scoring. Top PGA and LPGA TOUR professionals such as Phil Mickelson, Billy Mayfair, Grace Park, and Anna Nordqvist have all sharpened their skills at this premier facility. Other notable golf legends such as LPGA Hall of Fame Joanne Carner, the late Heather Farr, and tour event winner Grace Park honed their golf game on the ASU Karsten Golf Course.

We will be working with a local charity for on-course challenges and contests!

FLORIDA GOLF SCRAMBLE—SHOTGUN START
ASU KARSTEN GOLF COURSE | TEMPE, AZ

SCHEDULE FOR EVENT

6:30 AM	**Bus departs from Hyatt Regency Phoenix**
7:00 AM	**Course Opens for Practice and Breakfast**
7:30 AM	**Shotgun Start**

Golf fee includes: Saturday evening networking event, breakfast, lunch, transportation to/from, prizes, range balls, and green fees.

For Golf Scramble Registration and Other Info, Visit:
http://www.ISMconference.com

Questions on Golf?
Contact: Doug Coon (317) 590-7040
dougcoon1317@gmail.com

Technical Questions on Registering?
Contact: Donna Jarvis-Miller
(202) 682-0100 x259
djarvis-miller@aphsa.org

PHOENIX AREA MUSEUMS AND ACTIVITIES

If you are looking for indoor activities, Phoenix has a rich cultural scene, including the **Heard Museum** displaying the art and history of the region's Native American and Hispanic Cultures; the **Phoenix Art Museum** with both classic and contemporary works; and the one-of-a kind Musical Instrument Museum displaying 6,500 musical instruments and objects.

The surrounding area provides multiple opportunities to **enjoy the beauties of nature**, including the **Desert Botanical Gardens** with 50 acres of winding paths and fabulous plants; hikes in the **South Mountain Park and Preserve**; or, for a more strenuous climb, **Camelback Mountain** is also close by.

Downtown Phoenix offers many options for visitors. **Roosevelt Row** has been included in lists of the country's top 10 art districts. **CityScape** offers shopping, dining, entertainment, and nightlife options.

Sunday, September 18 at 1:10 PM, baseball fans can relax in comfort at the air-conditioned **Chase Field and watch the Arizona Diamondbacks** take on the Los Angeles Dodgers. The retractable roof stadium is just a five-minute walk from the conference hotels.
http://arizona.diamondbacks.mlb.com

JOIN THE CONVERSATION!
The ISM Conference has gone digital! Stay up-to-date during the conference on Facebook, Twitter, and LinkedIn for live updates, photos, and more! **#ISMPHX**

STATE CAPITOL

The Arizona State Capitol complex is located in Phoenix and can be reached via Metro Light Rail, just a few stops from the Convention Center. The Arizona Capitol Museum is located in the 1901 Territorial and State Capitol Building. The complex also houses the State Library, the Legislative Building, and the Historic Supreme Court Chambers.

GETTING AROUND

Many of Phoenix's attractions, restaurants, and shops are well within walking distance from the ISM conference hotels. But if you want to expand your horizons, hop on Phoenix's modern Metro Light Rail and see all the sights! http://www.valleymetro.org/metrolightrail

CONFERENCE HOTELS

The headquarters hotel is the Hyatt Regency Phoenix, with additional hotel blocks at the Renaissance Phoenix and Westin. All properties are just steps from the Phoenix Convention Center, West Hall. More information about reserving hotel space can be found at the conference website at http://www.ISMconference.com/#!hotel-and-travel/cvas.

WHY ATTEND ISM?

01 Conference agenda is dedicated to health and human services

02 Make connections with people doing innovative things that you can implement immediately

03 'Insider access' to federal partners and industry thought leaders

04 Three days of learning and networking opportunities

05 Biggest and best attended HHS technology event in the United States

When technology unlocks potential, brilliant ideas come to life.
Smart. Flexible. And prepared for what's next. It's what every organization needs to be. Including yours. That's why we bring the newest innovations to address your critical business challenges. We'll work with you to harness the power of emerging technologies, while getting the most out of your legacy IT. By combining our industry insights with technological expertise, we'll help you unleash the true potential of your organization. That's high performance, delivered.
High performance. Delivered.
Strategy | Consulting | Digital | Technology | Operations
accenture technology
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RECOGNIZING EXCELLENCE AT ISM!

Each year, ISM recognizes excellence in human service technology. Nominations for this year's awards have been received from state and local governments from around the globe.

The winners will be announced at the Awards Luncheon on Monday, September 19 at noon. Join us as we recognize leaders in the following four categories:

Innovation in Service Delivery
Recognizes innovative uses of technology to enhance or expand service delivery

Application of New Technology
Recognizes use of emerging technologies in health and human services

Collaboration Across Boundaries
Recognizes use of technology to support, collaborate, and/or integrate across traditional program or organizational boundaries

The Jerry W. Friedman Individual Excellence in Leadership Award
Recognizes an individual who has demonstrated exceptional vision and leadership in the use of technology within health and human services

(L to R) Paul Hencoski, KPMG; Tracy Wareing Evans, APHSA; Jeannette Friedman; Lauren Aaronson, 2015 Jerry W. Friedman Individual Excellence in Leadership Awardee; Todd Bright, ISM President; Mike Coulson, Deloitte Consulting

SAVE THE DATE!

OCTOBER 22–25, 2017

JOIN US
Gaylord National Resort & Convention Center
Washington, DC

50 YEARS ISM 1967–2017

APHSA
American Public Human Services Association

ISM ANNUAL CONFERENCE
OCT. 22–25, 2017
Gaylord National Resort & Convention Center
Washington, DC

WHO ATTENDS ISM?

HEALTH AND HUMAN SERVICES IT VENDORS

BUSINESS STRATEGY
MOBILITY
IT SERVICES
CONSULTANTS
HS PROGRAM DELIVERY
DOCUMENT MANAGEMENT
SOFTWARE
CLOUD

TECHNOLOGY LEADERS

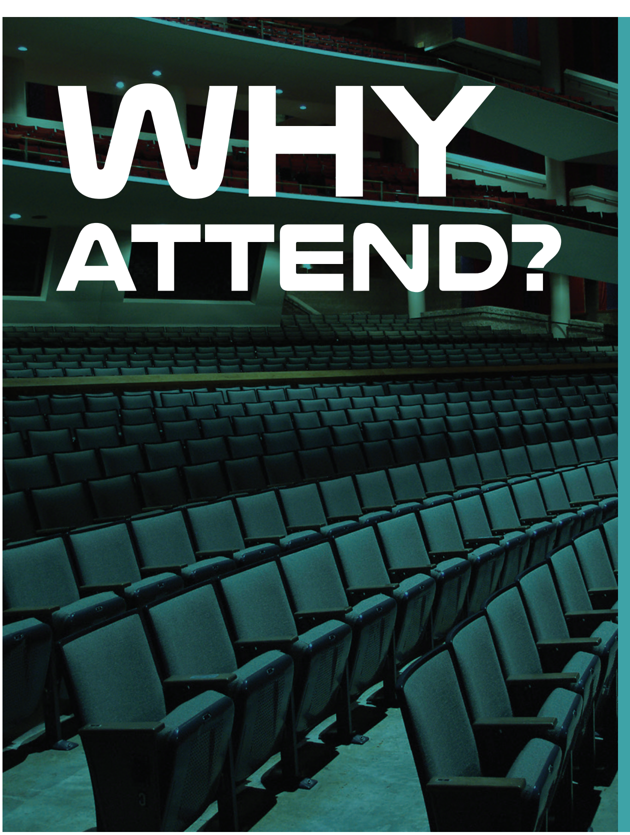
FEDERAL, STATE AND LOCAL HHS AGENCIES AND TRIBAL COUNCILS

CHIEF INFORMATION OFFICERS
CHIEF TECHNOLOGY OFFICERS
IT PROJECT DIRECTORS, MANAGERS & STAFF
TECHNOLOGY LEADERS AT ALL LEVELS
PROGRAM DIRECTORS AND MANAGERS

POLICY AND PROGRAM LEADERS

HEALTH AND HUMAN SERVICES ASSOCIATIONS AND NONPROFITS

HEALTH AND HUMAN SERVICES ASSOCIATIONS AND NONPROFITS
AGENCY EXECUTIVES
PROGRAM AND POLICY DIRECTORS
POLICY AND PROGRAM LEADERS AT ALL LEVELS



WHY ATTEND?

A must attend event that provides everything for an HHS IT professional.

An exhibit hall with great solutions and services offerings, networking opportunities with other states and federal partners, great presentations, as well as a wonderful venue that allows some sightseeing.

I have not yet met a person who felt it was not worth the time or money.

JOIN THE CONVERSATION!
The ISM Conference has gone digital! Stay up-to-date during the conference on Facebook, Twitter, and LinkedIn for live updates, photos, and more! **#ISMPHX**

IBM **Watson Health**™

Transforming how health and human services programs are funded, regulated, delivered and measured

IBM Watson Health is pioneering the use of cognitive technologies that understand, reason and learn; technologies that can help Health and Human Services organizations unlock the potential of data and analytics to improve service delivery. Join us at booth 719 to learn how Watson Health solutions are working to enhance, scale and accelerate human expertise and transforming the programs and services that help to improve individual health, community health, employer health and economic health.

Visit us at booth 719 in the exhibit hall to see demos and to learn more about our solutions. Plan to attend our workshop: **"Social Programs in the Cognitive Era: Agile, Incremental, Innovative"** on Monday, September 19 from 3:30 – 4:30.

And check us out online at:
http://ibm.co/socialprograms

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Small steps can lead to big outcomes.

Modernize IT systems with incremental transformation.

When it comes to system upgrades, incremental IT modernization can be the right-sized strategy. Let KPMG help your human-services agency choose the best path for your IT transformation. Learn more at KPMG.com/us/hhs-ism

Anticipate tomorrow. Deliver today.

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