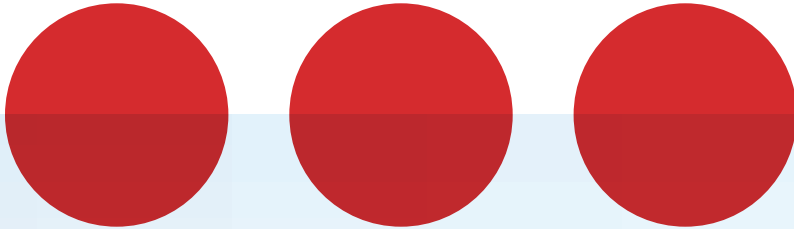




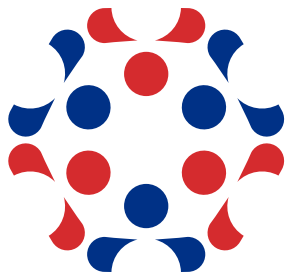
American Public Human Services Association



**National
Collaborative for
Integration of Health
and Human Services:
Promoting
Greater Health
and Well-Being**

Guiding Principles, Policy
Priorities, and Helpful Tools

**NATIONAL
COLLABORATIVE**
FOR INTEGRATION OF
HEALTH & HUMAN SERVICES



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National Collaborative for Integration of Health and Human Services: Promoting Greater Health and Well-Being

Guiding Principles, Policy Priorities, and Helpful Tools

INTRODUCTION

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

A growing body of evidence shows that improved care and service coordination across multiple sectors, including beyond traditional health care services, has the potential to enable the achievement of improved health and well-being outcomes for families and communities. By connecting health systems, both physical and behavioral, with human service programs like energy assistance and nutrition supports, and public health programs like prevention efforts to reduce infant mortality rates – in concert with other systems touching the lives of all Americans like justice and education – we can leverage existing public care systems and make better use of taxpayer investments to ensure “upstream” or preventive supports are available to Americans across their lifecycle. **Human service programs and providers already in place are uniquely positioned to provide essential contributions to improving overall health outcomes if they are effectively linked to, and coordinated with, the traditional and evolving health system.**

The notion that good health is largely indicative of the **social and environmental determinants** that surround daily life experiences is becoming increasingly more apparent and recognized by multiple sectors. Research has shown that health care alone contributes only 10 to 25 percent to improving health status over time. What we do to *support* good health, such as promoting healthy eating and exercise, and our social and economic environments such as good jobs, quality child care, and a safe place to live, impact our health outcomes even more than medical care.¹ While the health system contributes significantly to well-being, more intentional efforts to coordinate human services with health will contribute greatly to better and more sustainable outcomes in individual, family, and community quality of life outcomes.

ASSESSING WHAT WE HAVE AND PLANNING FOR WHAT WORKS

For the Administration:

- Partner with APHSA to comprehensively define the scope and reach of the present health and human services ecosystem and map its needs and gaps.
- Support flexibility of federal agencies overseeing human service programs to conduct such assessments.

¹ The Institute for Alternative Futures indicates that health behaviors (30-40 percent), social and economic factors (15-40 percent), and physical environmental factors (5-10 percent) all have important roles to play in improving health outcomes. Institute for Alternative Futures. *Community Health Centers Leveraging the Social Determinants of Health*, 2012. Available at www.altfutures.org/leveragingSDH (Accessed June 25, 2014).

ARTICULATING A COMMON VISION OF INTEGRATED SERVICE DELIVERY

APHSA's National Collaborative for Integration of Health and Human Services² (the National Collaborative) has set out a vision for the health and human services public and private sectors to operate a system designed to provide a modern marketplace experience and to improve population well-being, while bending the health and human services cost curve over the next decade. This system would be anchored in seamless, streamlined information exchange, shared services, and coordinated care delivery and payment models that are person- and family-centered. Since its inception in 2011, the National Collaborative has supported state and local health and human service agencies and their partners in the community through guidance and tools to improve the customer experience and equitable opportunities to support individuals and families throughout their lives, to reconfigure access, and increase administrative efficiencies within the context of the evolving healthcare delivery system. With and through our members, the National Collaborative is advancing a number of initiatives that will improve policy, practice, and the collective impact that is possible through integration and alignment.

We know there is a correlation between improved health outcomes and enhanced investment in social services. We see it in other countries that spend less of their Gross Domestic Product on health (vs. social services) and have better health outcomes. We also hear it from sources like the World Health Organization³ and researchers in the field.⁴ Additionally, those on the front lines⁵ understand the need to address the social factors impacting health outcomes outside of traditional physical health care to impact community well-being.

What do we know about the existing systems and programs that were designed to impact social and environmental factors?

To truly understand what we know about existing systems, we need to ask the following questions to get a better sense of both the opportunities and potential roadblocks to integrating those systems more seamlessly:

- Do they still meet the needs of 21st-century individuals, families, and communities?
- What must change about policies, financial incentives, service delivery, and infrastructure to accelerate how they contribute to the shared outcomes we are setting out to achieve?
 - For example, attainment of sustainable employment, available quality child care, increased educational attainment, affordable housing, safe communities, reduction of chronic illnesses, access to quality and affordable physical and behavioral healthcare, access to nutritional foods, connecting to strong social support networks, alleviating toxic stress, and access to/attainment of affordable and quality preventive health care (including behavioral and physical health).
- Are we doing so in a collective approach inclusive of all stakeholders?
- How are these new roles, responsibilities, and payment mechanisms developed and supported?

We must start with a commitment by stakeholders across health care, human services, public health, and other sectors like justice and education, to acknowledge one another's value in this space and learn to speak each other's language.

2 For more information on APHSA's National Collaborative for Integration of Health and Human Services, a public/private partnership aimed to improve the nation's health and human services care networks, visit www.aphsa.org.

3 World Health Organization's Social Determinants of Health Unit. www.who.int/social_determinants/en/.

4 Elizabeth H. Bradley, Maureen Canavan, Erika Rogan, Kristina Talbert-Slagle, Chima Ndumele, Lauren Taylor, and Leslie A. Curry. "Variation in Health Outcomes: The Role of Spending on Social Services, Public Health, and Health Care, 2000-09." *Health Affairs* 35, No. 5 (2016):760-768; doi:10.1377/hlthaff.2015.0814.

5 Alliance for Stronger Children and Families. "Scanning the Horizons: Issue Brief 2, Social Determinants of Health". March, 2012. www.alliance1.org/sites/default/files/PDF/12-068_issue_brief_2.pdf.

We need to collectively envision and assess the full environment of human-serving programs to create upstream solutions making well-being attainable to everyone in our communities.

There is limited awareness of what is meant by “health” and by “human services” and the value and power of these systems—that when aligned—can impact population health and well-being. The

ALIGN EXISTING RESOURCES WITH THIS VISION

How can this be accomplished? As our collective understanding of the different systems begins to solidify and the connection points are more readily identifiable, we can develop standardized approaches, rethink workflows, and assure effective use of the technology required to support care coordination and integrated service delivery. To do so will require equitable investments in infrastructure, deliberate analysis of risk-sharing, redefining roles and responsibilities of workers, agreement on shared outcome and success measures, and rethinking how procurement and distribution of savings are conducted across programs and providers.

There are already many promising efforts, especially at the local and provider levels, aimed at reducing health costs and improving care. These examples, including utilization of less expensive medical treatments and coordinated care models that promote team-based care and efforts to connect people with services outside of traditional medical care to prevent high-cost interventions, like emergency room utilization or incarceration, are shaping how we improve our communities and connect our human serving delivery systems. Upstream prevention initiatives include housing-first models, where individuals are placed in housing units coupled with wraparound health and human services designed to reduce chronic homelessness and to help them back onto a path to self-sufficiency and well-being. Another example is crisis-intervention models where police are trained to identify and de-escalate mental health and substance use crises and

programs and services within these systems are complex and comprised of conflicting requirements and various touchpoints with multiple other services. This lack of understanding too often fosters distrust between and across stakeholders, which impedes the development of shared goals, risk, and care coordination. We must address this gap if we are to eliminate “turfism,” and create a seamless delivery system across sectors.

reconnect individuals with their existing health and human services care networks—enabling recovery rather than (continued) incarceration and, potentially, further decompensation.

Human service programs continue to incorporate evidence-informed interventions to strengthen their impact on individuals and families through approaches like multi-generational service delivery models, data-sharing across programs, and systems to establish a 360-degree view of people. Yet, these goals and intervention models are not adequately aligned with one another at the policy, program, or provider levels. Many times, in a rush to implement new payment, delivery, practice, or other reforms, reworking the business model across programs gets overlooked.

H/HS agencies at all levels of government and across sectors are working to shift from business-centric or program-centric models toward ones that put people, families, and communities at the core. Health care continues on a path toward modernization and rethinking its business processes to begin transforming to this client-centered approach, albeit somewhat in part due to statutory and other market forces. Human services, even though it lacks most of the same types of resources, is also taking advantage of this cultural convergence to rethink how it operates efficiently and effectively. This approach can allow multiple programs and sectors to build new connections through ensuring programs, data, providers, and funding channels are in place to address the social determinants of health and the

health determinants on one's social environment—the determinants of well-being. State and local agencies are making important advancements to improve their operational efficiencies, program effectiveness, and coordinated care models by combining national frameworks, policies, and tools like the Triple Aim⁶, health care reform, and the National Collaborative's Business and H/HS Maturity models.⁷ In conjunction with APHSA's Pathways⁸ initiative and Harvard University's Human Services Value Curve,⁹ states employ these blueprints to benchmark and implement paradigm and operational shifts in care delivery.

As we work toward seamless care coordination across health and human services, there are several opportunities for improvement across all human-serving programs and systems, including:



Data and Information Technology

States, localities, and service providers recognize that development of connected information technology systems and the ability to share data across programs are tools that enable them to further their efforts to administer and provide effective person-centered services. Many states are leveraging current opportunities, like modernizing their Medicaid Eligibility and Enrollment systems to also update the technology platforms of and connections to human service programs, or by creatively thinking about how to share data across programs and making the business case for resources to build out that capacity. Additionally, some programs have developed service-oriented architecture frameworks to assist in constructing their business and IT platforms.

Recent allowances and waivers have been of great assistance to state human service programs to modernize some of the IT functionality of their systems spanning across H/HS and other programs like education. The majority of states have been able to use the federal cost allocation waiver to upgrade and use IT and business components of health and human service programs such as Medicaid, SNAP, TANF, Child Care, and LIHEAP. Yet, there is still much work to do and other human service programs that could benefit from these upgrades and the potential connectivity to other programs servicing the same population. The more flexible rules associated with the cost allocation waiver have helped to bring eligibility and enrollment systems to a point where they are comparable to 21st-century technology, which helps to meet the needs and expectations of the workforce and of the people we serve. Nevertheless, additional flexibilities and equitable investments in IT modernization across all health and human service programs would help these programs better connect to one another, coordinate care, reduce operational costs, and improve program integrity.

6 Institute for Healthcare Improvement. The "Triple Aim" is a framework used to improve health care performance through improving the patient experience, improving population health, and reducing the cost of health care. www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx.

7 www.aphsa.org/content/APHSA/en/pathways/NWI/BUSINESS_MODELS/h-hs-integration-maturity-model.html.

8 www.aphsa.org/content/APHSA/en/pathways.html

9 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. www.lnwprogram.org/sites/default/files/The_Pursuit_of_Outcomes.pdf

There are still issues around consent, privacy/confidentiality, data governance, and capacity of the workforce to be able to implement effective analytic strategies. States, localities, and providers still struggle with different interpretations and guidance provided by federal agencies around what is and is not allowed to be shared. There is real inconsistency between the messaging promoted at the federal level around how improved data sharing and interoperability can enable integration and the lack of alignment in practice with existing federal legislation and regulations across programs. These, as well as inconsistent interpretations across federal agencies (including at the regional office level) and in some cases contiguous state laws, create barriers for streamlining administrative processes (e.g., procurement, contract management, audits), program integrity, and shared outcome achievement that could begin to shift culture and design of coordinated service delivery models to be developed through a more intentionally aligned approach.

States and localities have to consistently revisit federal laws around these issues to dispel data sharing myths in an effort to move their jurisdictions and agencies beyond a risk-based paradigm and siloed approach to ones that emphasize the role data plays in the achievement of shared outcomes.

Additionally, the landscape of IT continues to evolve. Cybersecurity, the movement to a cloud-based infrastructure, and increasing utilization of agile solutions for state systems are becoming more prevalent across public-sector health and human services. Different programs have different IT-related requirements, so it is critical to understand these different requirements and know how consumers and the workforce are impacted by them.

While these considerations and approaches are being implemented in programs like Medicaid and child welfare, many related human service programs are not part of the conversation, which provides challenges for states when trying to modernize, connect, and re-use solutions.

DATA AND INFORMATION TECHNOLOGY

For the Administration:

- Support permanent or at least extended waivers to existing regulations allowing states the flexibility in how to cost allocate the development, build, and maintenance/operations of cross-programmatic IT systems being tailored to the realities of their agencies
- The federal Department of Health and Human Services should be the "single source of truth" for data sharing allowances across programs to obtain one official legal interpretation of what is permissible. Based on these single interpretations, there should be disallowances of state or local rules as to why data sharing cannot happen
- HHS should continue to build out the Confidentiality Toolkit to include a focus on physical, behavioral, and public health
- Dedicate resources to build out the National Human Services Interoperability Architecture
- Align IT procurement and development approaches across HHS and USDA

For Congress:

- Pass legislation and appropriate equitable investments enabling human services to modernize their IT comparable to recent investments in health
- Align data sharing and access requirements and capabilities across privacy and confidentiality statutes across health and human service programs
- Prioritize alignment and automation of operations

Funding and Programmatic Alignment

Many of the current health and human service silos are a direct result of decision-making based on federal funding streams, which are complex and constrained by limited flexibility to target dollars resulting from current cost allocation methodologies and narrow programmatic requirements. They are not aligned at the federal – and many times at the state – levels, which creates reporting and service delivery environments that do not allow for seamless coordination across sectors and shared outcomes to improve community well-being. People could benefit from receipt of services in a more consistent and coordinated manner if state and local jurisdictions are allowed to invest and distribute dollars in more flexible ways – that focus on upstream, preventive services to mitigate adverse effects downstream and to ultimately improve economic, social, and health opportunities.

Many philanthropic organizations are looking to invest in communities focused on developing and embedding integrated service delivery. However, many such community resources cannot be used toward the local or state match, which is

a disincentive to both community funders and the agencies. The standard approach to testing innovating approaches is typically through waivers and grants that require sustainability paths, yet few resources are provided to assist in building the necessary capacity to sustain the initial effort. As a result, this often prevents efforts from being scaled and generates frustration among both administrators and the workforce.

Rules for allocating staff time to funding streams must be redesigned to support blended and braided funding approaches and other targeted, flexible ways of using federal support where it is most effective. Redirection of resources and staff time – and thus continuation of scaling successful innovations – should also be promptly allowed as soon as demonstration projects or waivers show positive results.

As care delivery and payment models begin to focus more on what may work best for people at a given point in their lifespan – as opposed to only what they are eligible for at a given moment – we must develop proactive financing mechanisms that support this preventive, upstream approach to impacting human

FUNDING AND PROGRAMMATIC ALIGNMENT

For the Administration:

- Demonstrations, like the Disconnected Youth Pay for Performance Initiatives, should be sustained and developed to have a broader reach for different populations.
- Federal agencies overseeing health and human service programs must intentionally work together to align elements of the programs and funding streams where possible.
- Regulatory bodies should begin using a cross-programmatic lens to screen regulation promulgation across policies, especially when they are impacting

populations served by multiple programs, departments, and agencies.

- Federal agencies should establish incentives and further enforce cross-collaboration in the regional offices and states to foster integrated and aligned approaches to service delivery.

For Congress:

- Increased need for human service programs to shift towards automation of processes – e.g., in SNAP through the next Farm Bill.
- Committees of Jurisdiction overseeing health and human service programs must intentionally work together to align elements of the programs and funding streams where possible.

potential. At the program administration level where multiple agencies are working with the same person or family, **we must consider the same types of financial and accounting allowances for service delivery that are available for IT development across programs.**

Measures and Accountability

One significant challenge in measuring holistic outcomes is how to quantify facets of someone's life that continue to shift and are often impacted by unexpected life events that may or may not be related to any one specific health or human service program. Take, for example, someone who loses a job and their home. Even if the system quickly identifies new housing for them, if they remain unemployed, this could have a profound impact on their psychological well-being – and of which could impact their physical health. Even though one “social determinant” has been met (housing), the stress placed on someone who has temporarily lost another “social determinant” (employment) is still difficult to quantify in terms of how medical care currently measures, pays, gets reimbursed, and shares savings for achieving improved health outcomes.

There is a lack of holistic outcome measures across programs – typically characterized by different eligibility and verification standards, definitions, and time frame models – and consequently, a strong need to develop definitions for standardization and alignment of measures across programs. Different languages and labels for measures across agencies should be consolidated. Each program does have its own unique needs but there are commonalities. For example, some common measures across programs that touch the lives of Americans may include improved behavioral health care access; reduced interaction with the child welfare or justice

system; lower incidences of domestic violence; attainment of affordable housing and reductions in homelessness; increased educational attainment; access to nutritional food; and the reduction of teen pregnancy. Each of these measures reflects connected environments that enable successful outcomes across programs and supports aimed at ensuring all Americans can live to their full potential.

These would be success measures of improved care coordination in general but true partnership and non-duplicated efforts are most often absent – most notably in the policies and research that shape the design and delivery of services. In existing and transforming human-serving care systems that share the same goals – the health and well-being of individuals, families, and communities – there is a lack of communication and alignment of service delivery and payment design, which exemplifies the deep disconnection between core elements and functions of our care delivery network.

MEASURES AND ACCOUNTABILITY

For the Administration:

- Allow health and human services align goals and measurement across all programs to focus on safety, economic security, and sustainable well-being
- To move from measuring process to outcomes, federal agencies need to develop a comprehensive monitoring approach

For Congress:

- Align outcomes, eligibility requirements, definitions, and accountability mandates for human service programs with health services (e.g., SNAP in the next Farm Bill)



Research and Adequate Investments in Human Services

These have lagged behind those in the health sector over the past decade. This has made it difficult to study, measure, and therefore scale evidence-based or -informed 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 in quantifiable data. How do we know where savings on reductions in health care costs and improved outcomes are attributable to specific social interventions?

This question must be pursued within the historical presence of human services in communities, the deeply embedded trust citizens have for the social serving non-profit organizations serving them, services provided beyond eligibility and referrals, and the reality of the under-resourced and highly regulated environment in which human service programs operate.

IN CONCLUSION

Human services, **and its companion sectors and partners at all levels of government**, are uniquely positioned to design and support new approaches to service delivery 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 role in preventing and mitigating serious downstream health and well-being issues like inadequate employment, mental health and substance (mis)use, heart disease, diabetes, and other adverse social circumstances.

The American Public Human Services Associations and its members, the nation's public human service agencies, are creatively generating solutions that lift individuals toward independence, add value to communities, strengthen families, and achieve more at less cost. We do this through dynamic leadership, path-breaking partnerships, innovation, alternative funding models, and breakthrough technologies that are transforming human services into a system that creates community-wide change and supports meaningful and sustainable outcomes. As we prepare for a new Federal Administration and new Congress, APHSA offers this series of Pathways policy briefs outlining our plans for continuing improvement and sustainable progress in this critical area of national life.

Additional details on APHSA's National Collaborative are available at: www.aphsa.org/content/APHSA/en/pathways/NWI.html.



RESEARCH AND ADEQUATE INVESTMENTS IN HUMAN SERVICES

For the Administration:

- Allow for flexibility to test and demonstrate numerous new models of care, financing, and outcome measurement across health and human service programs and providers

For Congress:

- Invest in comparable research for what works best in human services programs as a means to sustainably improve economic, health, and social opportunities

Our opportunity to rethink how we are collectively impacting the lives and potential of all Americans is now. We must continue to create healthy communities by strengthening relationships within the H/HS enterprise and working with others outside the H/HS enterprise to address complex social and health challenges. We must continue engaging individuals and families throughout the H/HS enterprise by accurately assessing current and future needs. Both customer and system behaviors and interactions serve as catalysts for achieving shared outcomes defined collectively by the local and larger H/HS.



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American Public Human Services Association

Tracy Wareing Evans

Executive Director, APHSA

twareing@aphsa.org

202-682-0100 x 231

Megan Lape

Director, National

Collaborative for Integration of

Health & Human Services

mlape@aphsa.org

202-682-0100 x 265

1133 19th Street, NW, Suite 400

Washington, DC 20036

www.APHSA.org