American Public Human Services Association
TODAY'S EXPERTISE FOR TOMORROW'S SOLUTIONS

# BUSINESS MODEL

***for horizontal integration of health and human services***


*Prepared for* ***APHSA***

*By* ***Cari DeSantis, M.A.L.S.***
***Human Services Consultant***
***Washington, DC***

*In association with* ***APHSA National Workgroup on Integration***

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# Ten Reasons Why You and Your Governor Should Care About Changing Your Health and Human Service Business Model

1. ***Opportunity.***

   The time-limited offer of 90 percent federal funding for Medicaid eligibility systems and components *requires* interoperability among state systems that individuals and families use to apply for services, including Medicaid, cash assistance, child care, supplemental nutrition assistance (food stamps), etc. As a human service leader, taking advantage of the A-87 cost allocation waiver to plan for interoperability efforts related to the shared services of these systems puts you in the driver's seat to innovate.

2. ***Client Needs/Services.***

   Heads of households who responded to welfare reform by going to work just can't go to state offices and sit and wait to renew their child-care assistance, medical benefits for their kids, etc. Their entry-level jobs and child-care arrangements can't absorb the repeated office visits or the time spent filling out redundant forms. If they are not on the job, they are not getting paid—and may lose that job due to lost time. Just as states have modernized driver's license offices for the convenience of working citizens, social service agencies must do the same so people can do what we are asking them to do—get to their jobs, support their families, and be productive citizens.

3. ***Performance Improvement.***

   If there's a tragedy with a social service client, it's likely that you had data on the victim or the perpetrator in your state systems because the individual or family was already involved in your cash or nutrition or mental health or other programs that could have provided clues to the danger and led to preventive action. System integration can help you find the clues and provide intervention now, rather than defend or blame the "stove piped" data systems after the crisis.

4. ***Cost Savings****.*

   The technology has caught up. Shared services, data bases, and software programs are a whole lot easier and cheaper to build than they were even five years ago. Integration projects used to be high-cost and high-risk. Now it is more expensive to maintain all these separate systems. It's even possible to pay vendors for performance, or by the transaction, or eliminate data centers and a whole lot of equipment by having the vendors host the systems. It doesn't make sense to keep paying for the duplication, which just adds complexity and cost.

5. ***Confidentiality Preserved****.*

   The public expects and demands "one-stop shopping" with appropriate confidentiality protections. They buy all kinds of products from Amazon and know that their payment information is protected. They expect to withdraw cash at any ATM, regardless of whether it belongs to their bank. They get cynical about the use of their tax dollars if they have to provide the same information to different government agencies multiple times for different needs.

6. ***Workforce.*** There are huge labor savings to be gained by modernizing and integrating human service systems. The duplication of effort among caseworkers, file clerks, and information technology (IT) maintenance personnel is no longer justifiable. In some states, integrated systems enable significant workforce reductions in other places; they enable skilled workers to turn their attention to difficult casework backlogs and complex cases, instead of paperwork.

7. ***Bending the Cost Curve.***

   It's clear that the major increases in health-care costs are related to problems like substance abuse, mental illness, homelessness, joblessness, domestic violence, and other problems that the human service system addresses. There's simply no way to bend the health-care cost curve down without integrating human service programs in the effort.

8. ***Accountability****.*

   Modernizing and integrating these systems is the best way to prevent waste, fraud, and abuse. Most states have gotten pretty good at auditing way after the fact and finding excess benefits or ineligible people, but it's hard to recover expended funds. Today, however, business intelligence from integrated systems can find the problems early and prevent the money from going out the door in the first place.

9. ***Increased Caseloads.***

   The growth in numbers of needy families cannot be absorbed within current budgets that continue to fall in the absence of an economic turnaround. Today's integrated health and human service systems can absorb the increased workload without comparable budget increases and can streamline multi-system processing for additional administrative savings long-term.

10. ***Modernization.***

    The business of government health and human service systems is changing quickly and dramatically. Simply layering new technology over old, outdated, systems will not do. Nor can we afford to build new modern systems on the health side while ignoring the human service side of the house—if we don't modernize both now, it may be virtually impossible to link them in the future.

## *Questions This Guidance Will Answer*

- *What is a business model?*
- *Why is it important to have a defined business model for a public benefits and service delivery system?*
- *What does a modern marketplace experience mean for health and human services?*
- *How will the 21st century business model for government health and human services differ from the current system?*
- *What does the new business model look like?*

# *GUIDANCE FOR A NEW BUSINESS MODEL IN HEALTH & HUMAN SERVICES*



## A. Introduction

The abundance of federal funding flowing into modernizing state health information systems today raises concerns that the nation's human service systems will be left behind, disconnected, and operating in the technological dark ages. Recent federal actions, however, have now made some of that same funding available to encourage states to rethink a host of common business practices and technological solutions *across* the breadth of health *and* human services to assure cross-system "interoperability" in a range of business functions across the enterprise. The 90/10 match for Medicaid IT development, the 75/25 FFP for maintenance and operations of Medicaid IT, and the time-limited A-87 exception to cost allocation present significant impetus for leveraging those federal resources to modernize and integrate human service systems to keep pace with the changes on the health horizon.

This is great news for the nation's human service systems because the Medicaid IT funding policies *require* a level of interoperability and integration with human services (and other programs) that previously was left up to the discretion of health agency directors. But a word of caution is advised. In the drive to leverage this new funding for technology, states must be careful to put the goals of the agency in meeting the client needs at the heart of any strategic purpose for modernization. At its core, technology is a tool to solve business problems and address business needs. And the business needs of the nation's human services are changing so quickly and so dramatically that simply layering new technology over an old, outdated set of business processes and front-line practices will not do. ***What is needed now is a new business model for 21st century human services, one that reflects the person-centered, integrated, and performance-driven modern marketplace that will help produce sustainable positive outcomes for the people served.*** What is needed in the rush to technology today is some comprehensive, strategic thinking about the human service system of tomorrow. Hence, this guidance presents a new business model for an integrated health and human service system.

A robust, integrated health and human service enterprise is possible through modern information technology and should be the hallmark of the modern consumer experience in accessing public benefits and services. Aligning a human services business model of integrated consumer access channels, shared services, streamlined business functions, interoperable information systems, care coordination, relationship management, and outcomes reporting with the new health system experience is essential to achieving the desired improved outcomes for individuals and cost savings for the state and local jurisdictions responsible for getting the desired results. When the Centers for Medicare and Medicaid Services (CMS) issued guidance in 2011 requiring interoperability between Medicaid and the human service systems, an APHSA national workgroup began to delve into what that meant for the human service sector in terms of business processes, technology planning, care coordination, data privacy, consumer contact, and more. Years of planning and business process reengineering had gone into the health care sector. Today's "perfect storm" of increased federal financial support, shrinking state funding, combined with advances in our knowledge of improved business processes and flexible, lightweight technologies creates a unique opportunity for human service programs to create and deeply embrace a new business model. This guidance describes that business model in clear and unambiguous terms.

It is pretty clear that, as in health care, government human services is on an unsustainable growth trajectory in population, demand, and cost. Human service systems, on the whole, continue to operate under an antiquated and cumbersome business model of separate agency silos that react to post-trauma needs, costly redundant data gathering (usually paper based), uncoordinated case management, and little concern for consumers' ease of access. Over the past decade, the health sector has addressed these and a host of other issues that affect quality, access, and cost control. Technology has helped, as with electronic health records, online portals,

business rules engines, real-time processing, and master data management systems; but the real value has been in rethinking *how* the business of health care is accessed and delivered and in reengineering the system to maximize the technology available in the 21st century. Similar thought must go into designing the human service system.

There is much to learn from the experiences of the health sector over the past decade and from the innovations in technology that can help human service leaders envision new ways to solve their business problems. This knowledge can jumpstart the human service reengineering process much more quickly today to enable interoperability, at a minimum, within the CMS deadlines and to facilitate the business and technology planning required for full integration of health and human services for the future.

To get started, state health and human service leaders can take three steps immediately:

First, state human service leaders must be at the health-sector planning and implementation table to contribute the human service perspective and to understand what is happening on that side of the integration effort. For guidance on what to reference when you get to the table, see APHSA's *Technology Guidance* located at *http://nwi.aphsa.org/DOCS/Technology-Guidance.pdf*.

Second, leadership must understand their current business model and benefits/service delivery system and consider what must change to create the modern marketplace experience that will improve outcomes and reduce costs. Conducting an analysis of the cost benefit of the services provided will go a long way to understanding the changes that need to be made in the array of programs and services needed for those we serve.

Third, the business needs of the future and the access, process, distribution, and outcomes problems that need solutions must be considered. ***Modernizing the workflow, not just the technology, is essential to supporting modern business needs and the consumer experience.*** Planners must examine policies, regulations, and business rules that hinder access, real-time processing, care management, and sustainable outcomes. The consumerization of information technology must be considered, both from the employee and consumer perspectives. The trend to BYOD (bring your own device) has huge implications for connectivity, data exchange, and relationship management in the future, and the bricks-and-mortar infrastructure is quickly transitioning to self-service portals, a remote workforce, and community partners as access and distribution channels.

All of these considerations factor into the redesign of the integrated health and human service business model that will change the way we do business in the near future. Human service business leaders, front-line practitioners, and the consumers themselves must guide this planning process, otherwise all the modernization efforts will not meet business needs and will cloud the laser-like focus on consumer outcomes that is essential for designing and achieving a high-performing, integrated health and human service system for the 21st century.

The health and human service field is in a critical moment, squarely on the threshold of what promises to be a very different future. It will not be business as usual. Although modern technology can deliver whatever system design is envisioned, it is up to the nation's health and human service leaders to see the vision, think strategically, drive innovation from the consumer point of view, and plan for the future today.

## B. What is a Business Model?

### *Definitions and Discussion*

In the for-profit world, the business model describes how an organization creates, delivers, and realizes value for customers and shareholders. A clearly articulated business model defines, at a high level, the four main components of business: customers, goods or services, infrastructure (or operations), and financial viability; that is, how it responds to customer interests, the business of the organization, how it operates, and how it will make money for the people who have invested in it.

In the government and not-for-profit world, the end-game motivation may be different (i.e., it's not about making money as it is in the for-profit business), but the essence of an organization's ability to create, deliver, and return value is the same. Substitute *consumer* or *client* for *customer,* think about *public benefits, programs, and services* instead of *goods and services* as purchased from a for-profit company, consider the importance of an efficient and streamlined infrastructure to a company's profit and loss, and replace *making money* with saving money through the achievement of *sustainable positive outcomes for the people served* as the return on investment, and it becomes easier to embrace the idea of developing a clear business model for the "business" of government health and human services.

Unlike in the for-profit world where "satisfied customers" means "return customers" and success means that they keep coming back to buy more and more, the goal of the nation's health and human service system is to alleviate human crisis and, ultimately to prevent crises, in such a way as to eliminate the *need* for return to service and to *end,* or at least minimize, long-term dependence on government support. This is the primary difference between the for-profit sector business model and our own. Careful study should be undertaken within state and local jurisdictions to determine what practices and services actually result in improved outcomes and self-sufficiency at the consumer level for their unique populations. This guidance is intended to focus on the business systems and processes that would support these front-line practices; additional guidance on practices and services will be forthcoming.

Further, recent work by the APHSA Policy Council produced a document called *Pathways: The Opportunities Ahead for Human Services (http://aphsa.org/DOCS/Pathways.pdf)* that describes the ultimate value creation of an integrated health and human service system as one that produces the following "value" for the people and communities served:

- *Gainful employment and independence*
- *Stronger families, adults, and communities*
- *Healthier families, adults, and communities*
- *Sustained well-being of children and youth*

To create, deliver, and realize that "value" in the nation's health and human service system, an APHSA workgroup developed a vision statement that describes the new business model in aspirational terms, as follows:

***A Vision of the Future of Health and Human Services***

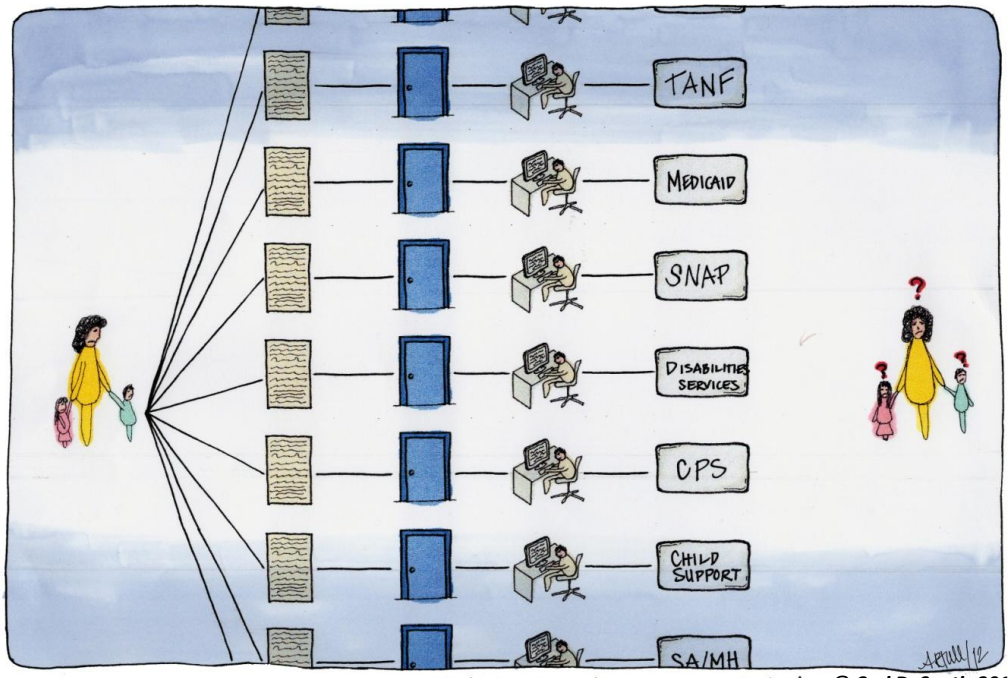
*A fully integrated health and human services system that operates a seamless, streamlined information exchange, shared services and coordinated care delivery system that is a consumer-focused, modern marketplace experience designed to improve consumer outcomes, improve population health over time, and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

This vision calls for an integrated health and human service sector seamlessly exchanging information and sharing core infrastructure, integrating and coordinating public benefits and services around the consumer's needs, and responsive to the consumer from the first moment of access to the processing and relationship management driving toward the realization of the *individualized* positive outcome that will sustain the consumer long into the future, thereby benefiting the individual, the community, and the state over time. A robust, integrated, 21st century health and human service system, connected to other government systems and the communities around them, *can* produce such positive outcomes for the people who turn to them in their time of need. And while 2025 may seem to be a long way off, there are shorter-term benchmarks that need to be achieved if we are to fulfill this longer term goal; i.e., begin planning for truly interoperable health and human services no later than the fall of 2012; have fully integrated IT systems no later than the end of calendar year 2015 in order to take maximum advantage of the recent CMS funding policies for Medicaid and the A-87 exception; and streamline the way we handle health and human services through transformed business processes through changes in state and local business rules between now and 2025.

The challenge lies in envisioning a very different future from today and then reengineering the existing business approach to create, deliver, and realize the desired value. So, what does it mean to build a 21st century health and human service system that is person-centered, integrated, and performance driven? How can state and local governments create the operating and delivery systems that transform their current model into the modern marketplace experience that today's consumers demand and the sector needs for better long-term positive outcomes like those outlined in *Pathways?* Sustainable solutions for effective integration will require an operating framework that facilitates consumer interaction, enables the facile exchange of information, captures and analyzes events, triggers actions on the individual consumer level as well as on the broader organizational level to facilitate planning, management, and outcome measurement for the individuals, for populations, and for the agency. And it starts with a thoughtfully developed and clearly articulated business model.

### *Understanding the Current Business Model*

Any discussion of a business model for the nation's health and human service system begs the question: What kind of business model exists now in these government systems and why change? The short answer is that the nation's "system" of health and human services for those it serves is not really a "system" at all, but rather appears more as a collection of freestanding and different franchises by program area that operate independently, yet alongside each other, even though they mostly serve the same consumers. They are in constant competition for limited tax dollars to support their cumbersome infrastructures and service delivery systems. Their information technology systems have limited interoperability, and the categorical business rules and regulations minimize cross-service integration capability. Although a few states have made significant progress in this area, the majority of modernization efforts have been limited in scope and reach.



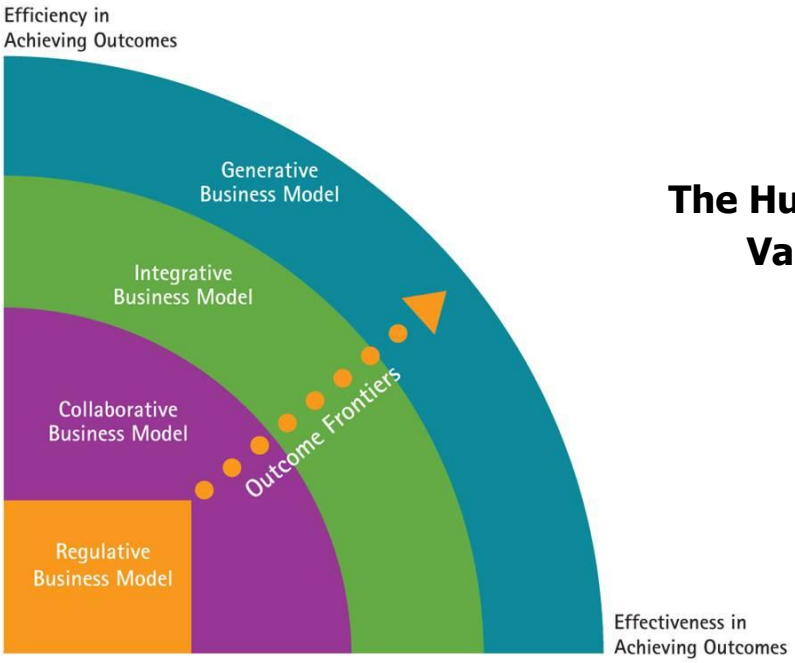

The illustration above captures the categorical nature of the current system, often referred to as "silos." An individual or family looking for support in their time of need must follow separate paths for different public benefits and support services. Application for government support requires completing a lot of paperwork and providing paper documentation, then visiting a government office where a state employee reviews the application and paperwork, enters the information into a discreet computer system, and makes an appointment for the individual to return for enrollment once eligibility has been determined. If eligible, the benefit or service is arranged. If another service is needed, the applicant usually has to repeat the steps again through another application, processing, and enrollment process. The current system is fraught with duplicative effort by both applicant and government worker, as the information requested is often the same from program to program. The lack of interoperability among programs leads to inefficiencies, errors, complications, delays, and frustration for both applicants and workers. There is no overarching vision that governs the operations of these isolated, yet related, benefits and services, and only programmatic performance requirements that focus on program integrity, accuracy, and throughput, not on the overall positive outcomes for the participants.

In effect, there is not one integrated business model that describes how hundreds of billions of dollars spent every year on the health and human service "system" in this country creates, delivers, or realizes value for the consumers of those programs or the taxpayers who "invest" in them. At the risk of oversimplification, the problem is that the plethora of health and human services have evolved in isolated fits and starts since the turn of the 20th century without much thought to the interrelatedness of the collective causal factors that drive individuals and families to the government doors for help in their time of need. There have been some local efforts over the years to blend and integrate various disparate programs and agencies, but they are often sorely challenged by the rules and regulations that have grown up around them and the antiquated data management information systems that cannot manage or coordinate among them in the interest of the consumer.

What is needed now is a new business model for 21st century government health and human services, one that reflects the person-centered, integrated, and performance-driven modern marketplace of today that will help produce sustainable positive outcomes for the people served and, thereby, create value to both the consumer and the taxpayers.

### *The Human Services Value Curve*[1]

In 2011, a Human Services Summit, convened by the Technology and Entrepreneur Center at Harvard—Leadership for a Networked World and Accenture, in collaboration with the American Public Human Services Association was held on the campus of Harvard University and attended by dozens of top state executives leading health and human service departments across the country. At the summit and in the resulting report (Antonio M. Oftelie, 2011), a new way to talk about business models in the world of government human services is proposed. The author described a "*Human Services Value Curve,"* a framework for describing a human service organization's journey through transformation toward ever-expanding horizons of outcomes. He wrote: "In transversing the curve, a growing 'outcomes-orientation' drives innovations in the organizational model (the way work is organized) and innovations in the technological model (the way work is improved through information technology). The resulting increase in capacity enables the human services organization to mature and deliver broader and more valuable outcomes." Within the *"Human Services Value Curve"* are four steps or "models" that produce different outcomes capacity, as described below.




**The Human Services Value Curve**

- **Regulative business model:** the focus is on delivering services to constituents for which they are eligible while complying with categorical policy and program regulations
- **Collaborative business model:** the focus is on ensuring the optimum mix of services for constituents working across agency and programmatic boundaries
- **Integrative business model:** the focus is on addressing and solving the root causes of client needs and challenges by seamlessly coordinating and integrating services
- **Generative business model:** the focus is on generating healthy communities by co-creating solutions for multi-dimensional family and socio-economic challenges and opportunities

[1]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. pp. 5–7.

In brief, these four steps have varying capability along a continuum to deliver on the APHSA *Pathways* outcomes, with the *Regulative Business Model* the least likely to be able to deliver them and the *Generative Business Model* more closely reflecting the *Pathways* vision.

The *Regulative Model* reflects how most current human service systems operate today, though the trend in the past decade or so has been toward the *Collaborative Model,* and many states are making great progress toward this model. A few innovative human service leaders around the country are beginning to embrace the tenets of the *Integrative Model,* though most are still challenged by the ability to seamlessly coordinate or integrate services because of program rules, regulations, data-sharing prohibitions, and categorical funding streams. Working out those challenges across the entire health and human service enterprise requires top-level leadership and commitment, as well as human and financial resources. Ultimately, the "healthy communities" in the *Generative Model* are those with healthy and strong families and individuals, where *all* kids are thriving in a nurturing environment, and with the economic stability that comes with sustainable gainful employment—the positive outcomes called for in APHSA's *Pathways.*

This guidance is intended to help states and local jurisdictions that wish to move up the *Value Curve* to flesh out their own business model as a blueprint for strategic direction, operational planning, and performance excellence in their own communities. The following sections describe in more detail the operational components of a business model of the future as a way to help human service leaders begin to rethink, redesign, and reengineer their systems for the 21st century.

## C. The Modern Marketplace Experience: A New Business Model for Health and Human Services[2]

The new millennium ushered in significant change to the nation's health and human service systems. Dire economic constraints, increasingly complex and expanding populations, an explosion of technology, and a growing body of knowledge about human behaviors and service practices calls attention to the system's antiquated business model that is mired in categorical silos, legacy IT systems, and cumbersome processes that add cost and complexity and do not produce long-term sustainable outcomes for the people served.
Human service leaders have long recognized the bio-psycho-social intersection of health and human services in the populations they serve. A significant number of people served in human service programs are also covered by government health plans, like Medicaid and CHIP. In addition, the positive impact of coordinated care and integrated case management on improving the overall health and well-being of the people served by both the health and the human service sectors is well-documented. Coordination and integration lead to smoother transitions, reduced return to service, a better customer experience, and a more efficient use of public dollars. "Coordination and integration" is only one aspect, however.

The new business model must also reflect the "modern marketplace experience"; that is, like the modern online experience, the public benefits and services "marketplace" must enable the consumers and the staff who work with them to have the flexibility to manage a single transaction or multiple transactions and be able to link to other appropriate, relevant resources for other transactions, all with speed, accuracy, and data security that engenders confidence in the public system and assists the consumer in achieving positive and sustainable outcomes. The new business model must also be built on what we now know about prevention, early intervention, and the development of consumer capacity that will lead to sustained independence from government support and minimized demand for public services.

Clearly, it is time for rethinking the business model of the nation's human service system. From crafting a new vision of a system that addresses the needs of 21st century consumers, to integrating health and human services for relationship management maximization, to considering performance metrics and return on taxpayer investment, the time is now for designing the next generation of government health and human services.

This guidance proposes a framework for developing a new business model for government health and human services. This framework describes ten key characteristics of the new business model that will deliver a modern marketplace experience for consumers and return on investment for the taxpayers who fund it. A business strategy can then be built within that framework to capture these characteristics and operationalize the vision in a new and different way that will meet consumers' and funders' expectations.

The *Ten Key Characteristics* list below compiles the best thinking and innovations emerging from isolated localities and states' efforts at organizational transformation and defines the trending changes toward a new way of doing business in the government health and human services arena in the 21st century. Many people in the human services sector have talked about what needs to change in these ways. This framework captures the desired characteristics as a collective vision; all of them need to be reflected in a health and human service organization to produce the desired positive, sustainable outcomes for the people served.

[2] Cari DeSantis: *The Modern Marketplace Experience: A New Business Model for Health and Human Services—Ten Key Characteristics. 2012.*

## *Ten Key Characteristics of a 21st Century Business Model for Health and Human Services*

### *1. Consumer-centric*

The current business model in health and human services is very agency-centric, focused more on what works for the agency and staff rather than ease of access and service delivery for the consumers they serve. Success is judged by the number of people served rather than the outcome for the individual. Most agencies remain governed by 20th century ideas, rules, regulations, policies, and operations that were developed a long time ago, before research revealed the benefits of integrated care, before the bio-psycho-social connections were as clear, and before modern technology could do so much to ease access, manage workflow, and facilitate the total relationship between the consumer and the agency. Much like the modern marketplace of today in which most Americans conduct their daily lives, the nation's health and human service systems would do well to reframe their business model to acknowledge and respond to consumer needs and individual conditions in order to do a better job of not only alleviating the presenting crisis but in producing sustainable positive outcomes for the people they serve.

This is what is meant by a "consumer-centric" system. It is a system that is designed to operate in the modern marketplace and is focused on the client, makes it easier for consumers to find, access, and enroll in services; meets user needs in a helpful, friendly, customer-service way and results in the right level of service for the right amount of time. How consumers access the system is changing dramatically with the plethora of personal technology, like smart phones and tablets. Timely processing, prompt service, and good follow-through are hallmarks of the consumer-centric model, as are individualized service planning, total relationship management, and home- and community-based services that meet consumers where they are, in natural settings, in their communities where they live, work, learn, and play.

Several states and local jurisdictions have begun to move in the direction of a consumer-centric health and human service system, but it takes time and sustained commitment to address the current policy barriers, change the corporate culture, and put into place the right technology and workflows to assure success. Consumer-centricity is a major philosophical and operational shift for health and human service systems, but consumer-centricity *must drive the development of the vision* of a state or local jurisdiction's service system of tomorrow.

### *2. Visionary and Innovative*

There is no doubt that a new business model for the 21st century requires a new vision of how a transformed health and human service system would manage its consumers, conduct operations, deliver services, and produce the positive outcomes required for the people served and the taxpayers who fund it. Human service leaders must focus on the consumer and think creatively about what is possible in the 21st century marketplace today and what may be possible in the distant future.

More important, leaders must take ownership of the outcomes they wish to see for the people served—long-term, positive, and sustainable outcomes that will contribute to stronger and healthier individuals, families, and adults, sustained well-being for children, and gainful employment that underscores personal security. The interrelatedness of health and human services is clear and calls for real innovative thinking in how to address the causal factors, not just the presenting condition. It requires a focus on prevention of causal factors and intervention as early as possible in order to really be of service to the consumers. By understanding the desired outcomes, human service leaders can then begin to envision and build the kind of service system that is grounded in clearly articulated values and adds value to the community by producing positive results and preventing the need for return to service that is so costly in both the short and long run. Five things to keep in mind when thinking about organizational transformation toward a 21st century health and human service system:

- Update the mission, vision, and operations reflecting the 21st century marketplace and consumer needs
- Innovate in product/service/program design and integration
- Embrace the future as an opportunity to work smarter
- Design a values-based vision and system
- Envision how the system can create, deliver, and realize value for the people served and for the taxpayers who fund it.

### *3. High-quality Products/Services/Programs that Produce the Best Outcomes*

Producing the best outcomes for the consumers of government benefits and services depends on the quality of services offered. Much research has been produced over the past decade or so that demonstrates the effectiveness of high-fidelity products, services, and programs designed for efficacy. Proven best practices and promising practices have been identified in just about every service stream. Most of them are home- and community-based practices that produce significant return on investment, not only in sustainable positive outcomes for the individual or family but also in lower costs to the state or locality. It turns out that designing services with the individual in mind often leads to better results for both the person served and the state.

### *4. Integrated/Coordinated/Interdependent "Eco-System"*

Health and human service leaders have long recognized the impact of health on an individual's social condition and the impact of an individual's social condition on his/her health. This interrelationship extends within the human service sector in the recognition of the impact of a multitude of factors on both health and human services, factors like employment, education, housing, good child care, child support, access to transportation, and more. The current system of isolated service streams designed to treat the presenting condition with little or no regard for causal factors or mitigating circumstances makes it difficult and cumbersome to treat multi-dimensional conditions. This system of silos is counterintuitive and minimizes the positive effects that could be possible in a cohesive "eco-system" of health and human services.

The interdependent eco-system of the future will require cross-system sharing of data and information to facilitate the total relationship management and assure interdisciplinary accountability for sustainable positive outcomes. By proactively sharing information about services and benefits that may be helpful to improve the consumer's health or social condition, and by facilitating the timely access to those services and benefits, the government health and human service system can offer appropriate help earlier and even prevent circumstances that would have either grown more acute with time or required a return to service at some future date. More acute treatment and returns to service are costly in both human and financial terms.

In thinking about the health and human service eco-system, leaders should include the many stakeholders in the process of access, administration, delivery, and sustainability of outcomes, like the courts, law enforcement, the education system, public housing, not-for-profit private providers, and community-based organizations that work with the same people, whether already in the government system or on the edge. Community-based organizations (CBOs), like nonprofit organizations (NPOs), faith-based organizations (FBOs), advocacy groups, and for-profit service providers create a constellation of partners that are a valuable extension of outreach, access, and service delivery, especially with special populations that may not be able or comfortable to interface directly with the government systems (e.g., elderly individuals, immigrants, and some people with certain disabilities). Modern technology can connect CBOs to government systems to enhance those connections and add value in consumer processing, care coordination, service delivery, and follow-through in ways unimagined not so long ago.

### *5. Maintains Relationships in a Positive, Helpful Way*

The Systems of Care approach originating in the mental health arena and embraced by innovative child welfare systems has demonstrated that consumers—as young as 14 years of age—can be active partners in planning and managing the services and care for which they present to government health and human service systems. The idea of consumer as partner requires a seismic philosophical shift. The most prevalent model in the sector today still operates from the premise that the government knows best and the caseworker prepares a case plan that the individual must follow, with little regard for the feasibility of whether the consumer can, indeed, follow-through with the plan as written. Those case plans are heavily dependent on formal services from a narrow, static menu that may or may not be appropriate for that particular consumer to address perceived "needs" that can be addressed with the resources at hand.

The 21st century system will acknowledge the strengths of the individual and the family and will encourage the use of the individual's informal support system, working with the consumer and his/her "Circle of Support" as partners in designing the case plan that makes sense for the consumer. This approach requires open and frequent communications, mutual trust, and interconnected consumer/agency and interagency feedback that maintain relationships in a positive, helpful way and work together to help the consumer have the best chance of success and reduced dependence on government benefits and services both in the short and long term.

### *6. Maximizes Modern Information Technology*

Modern technology has advanced by leaps and bounds in the past decade—or less—and now makes possible a plethora of activities that were unimagined just a few short years ago. The Internet has enabled remote portals for information exchange. Advances in data security allow discrete data exchange, privacy, and confidentiality protocols and protections. Modern technology interfaces can now create horizontal linkages among older legacy systems to share information and manage care. And hand-held mobile devices have changed the way people work, where people work, and how people connect with information and each other. All of these technological capabilities and more must be part of the modernization of the 21st century health and human service system. Online portals, an *every door works* approach, common intake capabilities and common process functions, maximization of personal technology, like smart phones and tablets, and robust data sharing among the entire eco-system are essential components of the system of the future. Also in the mix is the explosion of social networking and real-time communications through texting and posting, as well as the introduction of "the cloud" as a way to minimize computer storage challenges and to facilitate information exchange.

There are great opportunities to maximize these modern advances and design a health and human service system that is responsive to the consumers, facilitates the workflow, and manages the outcomes that benefit consumers and the state. For more information, see the APHSA *Technology Guidance* located at *http://nwi.aphsa.org/DOCS/Technology-Guidance.pdf*.

### *7. Empowers People*

The nation's health and human service sector is a system of people serving people. People who have personal challenges look to a community of people to help them through difficult times. The system of the future will be grounded in the value of empowering people: empowering consumers to participate in the care planning, decision-making, and service delivery; empowering government staff to make decisions in concert with consumers and break through the barriers to success for the consumers they serve; and empowering community-based partners to function as an extension of the government workforce.

This approach pushes decision-making closest to the consumers, minimizes cumbersome approval processes, encourages cross-system sharing of data and resources, and supports workers in accessing workplace resources for personal development as well. This approach also encourages cross-system training, enables a remote and

mobile workforce, offers training and career tracks, and provides career advancement opportunities within the entire enterprise.

### *8. Embraces Community Resources as Partners*

As written above, embracing community partners as an extension of the government workforce will be a hallmark of the 21st century system. This approach will streamline access by consumers to public benefits and services and facilitate service/benefit distribution via the extensive network of partners in even the most remote communities, minimize language barriers as a deterrent, and help to maximize the use of informal supports as additional, less expensive resources for consumers they serve.

### *9. Encourages Creative Funding.*

As government funding of public benefits and services has shrunk with the weakened economy, innovative leaders have three choices: they can cut budgets and thereby cut services and benefits; they can seek to blend and braid existing funding streams and build in efficiencies that will stretch those dollars; and they can look outside the traditional government funding streams for new ways to assure adequate dollars to do the job. Blending and braiding funding is quickly gaining traction as agencies realize that they are serving the same consumers across service streams. Maximizing those dollars only makes sense, especially if by doing so creates the opportunity to intervene at an earlier, less expensive stage in such a way as to minimize acuity and eliminate costly return to service. Leaders would be wise to look beyond the usual health and human service agencies as partners to nontraditional agencies like education, transportation, agriculture (in addition to SNAP), law enforcement, economic development, public health, even the state department of revenue.

Beyond the traditional public dollars, innovative state leaders are partnering with private organizations to seek private funding, either as a match to the public dollars to stretch their impact or as a new resource to meet a community need that the government cannot or can no longer fund. As private philanthropy—foundations, corporations, and individuals—move more and more toward focusing their funding on single issues or areas of specific impact, the opportunities expand to make a case for supporting prevention and early intervention services, as well as specific, targeted, proven-effective best practices in service delivery. Government systems should be a willing partner with private philanthropy in tackling tough social issues that have an impact on local communities. As such, the opportunities for creative funding are limited only by the imagination. In redesigning the service system of the future, rethinking how it is paid for, just makes sense.

### *10. Measures Performance and Predicts Needs and Outcomes*

An integrated health and human service system in the 21st century dreams big, envisioning sustainable positive outcomes for the people served and turning the cost curve for the state. To do so, the redesigned systems must be vigilant in benchmarking, monitoring, and measuring organizational performance toward positive outcomes, not just through-puts. They must be learning organizations and create a culture of accountability throughout the enterprise. They must institute performance standards and measures at every level of the organization, regularly monitor leading and lagging measures, and address challenges early. Even the contributions of individual employees toward agency performance should be tied to organizational objectives and measured and monitored more frequently than the annual performance review.

Modern technology has brought advances in business analytics that maximize an organization's capability to predict the need for certain services and public benefits on an individual and population basis, measure organizational performance, and monitor outcomes for individuals and populations served. The public increasingly demands cost-effective use of taxpayer and philanthropic dollars, so publicly released reports of organizational performance toward the desired outcomes should occur on a regular basis. These tools are essential to delivering on the promise of the vision statement and creating stronger, healthier populations for the future.

## *Summary*

These ten key characteristics of a 21st century business model for health and human services take the *Integration Vision* a step further to begin understanding what operating the enterprise might look like. Vision, innovation, focus on consumers, quality programs and services coordinated across an integrated eco-system made possible by shared administrative functions, modern information technology, an empowered workforce, and extended reach through community partners and overall organizational performance excellence—these are essential components of the new business model for the 21st century health and human service sector. Strategic leaders must consider where their systems are now and think about how these characteristics might be reflected in each of the primary elements of the new business model as described below. Then the hard work begins.

## D. A New Business Model for 21st Century Health and Human Services

As previously noted, a business model creates a blueprint for an organization, detailing the organization's strategy related to its customers, what it offers, the infrastructure needed to deliver its product or service, and its financial viability. From the overarching vision, to the governance structure, to the nuances of consumer access, internal processes, service distribution, and outcomes achievement; from strategy, policy, operations, business rules and processes, workflow, data management, benefits and service delivery, the workforce, and organizational culture—every aspect of the business endeavor—must all align to the overarching vision in order to achieve the desired outcomes.

The key features of a new business model for health and human services reflect the primary elements of the stated vision. They are:

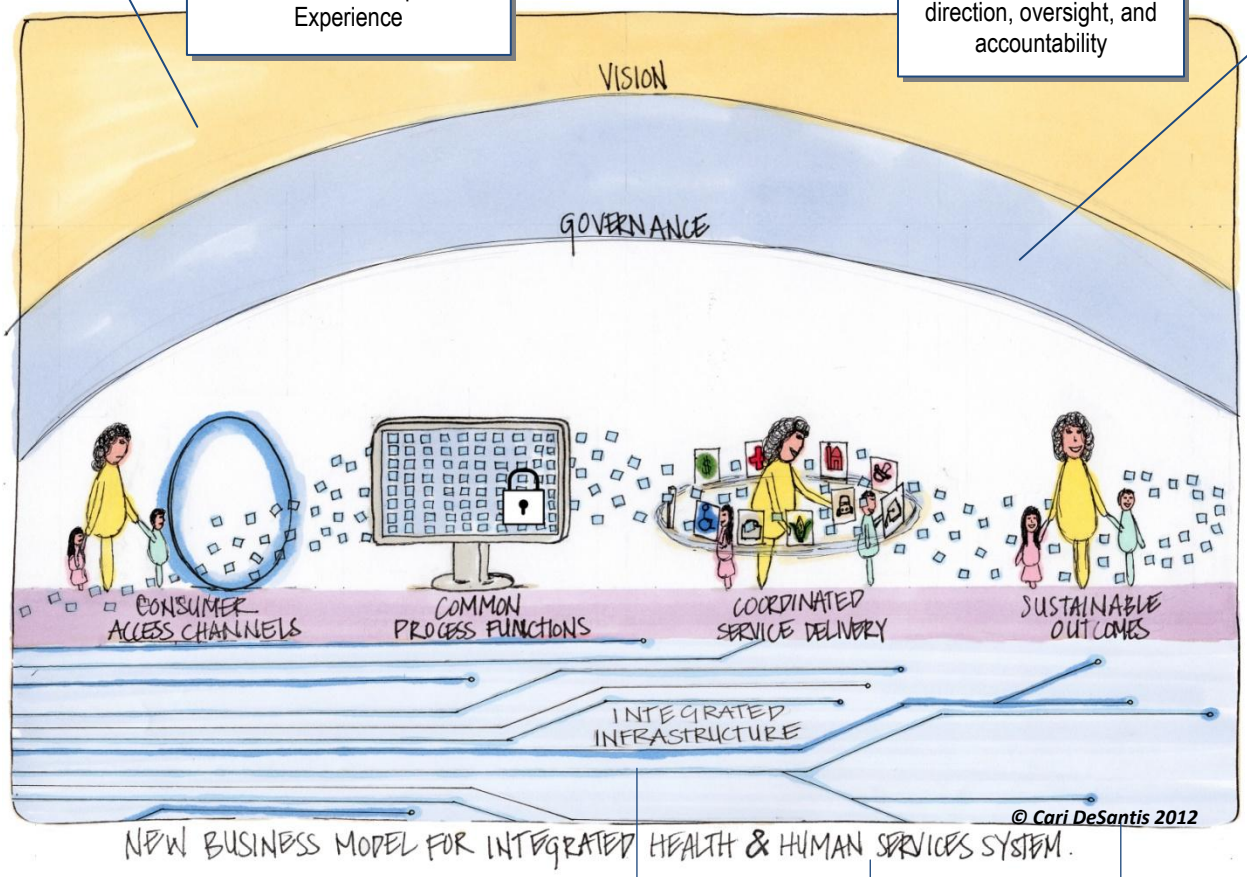
1. The overarching **vision** *(see Vision Statement on page 7 of this Guidance)*
2. A **governance** structure and governing body *(see Guidance Section on Governance)* that shares responsibility and accountability for producing the desired outcomes across the enterprise (see the APHSA *Governance Guidance* at *http://nwi.aphsa.org/DOCS/Governance-Guidance.pdf*
3. **Consumer access channels,** describing how consumers get to, apply for, and gain entry into program offerings
4. **Common process functions** and shared services that modernize the workflow and move the consumer from entry to receipt of benefits and services and through to positive outcomes
5. **Coordinated service delivery** or distribution system, including a menu of offerings and variety of distribution channels, including government and community-based providers
6. **Sustainable outcomes** for the individual consumers and the general population, or the value creation (the value realized)
7. The **integrated infrastructure** across the entire enterprise that creates internal value toward efficiencies, consistencies, and innovation in policy, administration, technology, workforce, and finance

### *Proposed New Business Model for the 21st Century*[3]

Below is an illustration of what the new business model might look like, with explanations in margin notes:

**Common Vision** of an Integrated System operating a Modern Marketplace Experience

**Shared Governance** assuring strategic direction, oversight, and accountability




**High Touch and Low Touch Ease of Access:** "Any door will do" approach; leverages modern technology like online portals, smart phones, tablets, kiosks, as well as traditional service centers and personal referrals; community-based organizations as portals and extensions of government workforce; electronic entry and paperless processing

**Streamlined, Efficient Integrated Business Flow:** Common application, master client index, integrated case management, relationship management, consistent business rules, multi-benefit screening, real-time eligibility determinations, Express Lane eligibility; Modern information system, electronic document management, robust data sharing, privacy and security controls; Remote and mobile workforce

**Menu of Benefits and Services** coordinated across multiple agencies, integrated and packaged to address individualized needs through public and private providers; emphasizes prevention, early intervention, protective services, home- and community-based services: food, shelter, cash, child care, child support, employment, medical coverage, public health services, mental/behavioral health, long-term care, supports for disabilities, transportation, education, etc.

**Shared Accountability for Positive Outcomes** that minimize or eliminate the need for return for service for individuals and that bend the cost curve for the state: gainful employment and independence, stronger and healthier families, adults and communities, and sustained well-being of children and youth

**Shared Operational Systems that support the business needs across the entire health and human service enterprise**
Coordinated Policies/ Integrated Information Technology/Common Administrative Support Services
Data-informed Decision-making/Business Analytics/Data Warehouse/Culture of Integration/Learning Organization/Empowered Workforce

[3] ***© Cari DeSantis 2012***

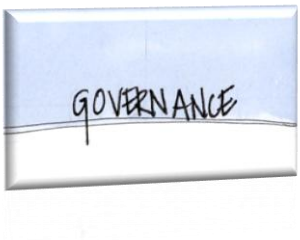
Let's look a little more closely at each of the key elements of the new business model:


### *Vision: Integrated Health and Human Service System*

A common vision of a 21st century modern marketplace experience drives the strategy and structure of the business model and calls for shared governance and oversight to assure the integrity of the operations against the vision and, ultimately, to achieve the desired outcomes for the people served, for the general population, and for state and local communities.

The vision of an integrated health and human service system for the 21st century is discussed in detail in the APHSA report, *Bridging the Divide: Leveraging New Opportunities to Integrate Health and Human Services,*[4] issued in the fall of 2011 and referenced on page 7 of this Guidance.

This vision calls for a much different view of the way governments meet the needs of the people they serve. To achieve this vision, a much different business model will have to be in place, one that embraces the concepts described therein and seeks to create, deliver, and realize the value of a modernized approach to affecting positive outcomes against human needs.



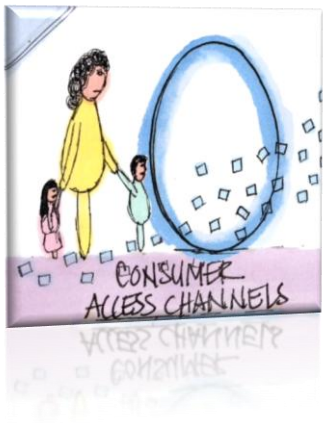

### *Governance*

To achieve true integration of state and local health and human service systems requires a clear vision *and* it requires real and integrated leadership to build the infrastructure that will enable cross-system information sharing and reengineered business models that streamline processes and enhance the customer experience. These leaders must also share accountability for producing the outcomes for the people served as well as the state and local communities. How each state or locality approaches and achieves system integration will be as different as each of their unique characteristics and needs. However a state chooses to fashion its system design, the goal is an integrated enterprise—an *interdependent* eco-system that works for the consumer, produces sustainable positive results, and reduces costs. Strong governance from the start is essential for long-term success.

The *Governance Guidance (http://nwi.aphsa.org/DOCS/Governance-Guidance.pdf)* offers state and county leaders information on how to establish an oversight body that sets the vision, strategic direction, desired outcomes, and policies to govern and support the planning, design, and implementation of an integrated health and human service system that meets the needs of the state and the consumers that both systems serve. This guidance will help leaders understand the drivers of systems integration, the current environmental factors, strategies to consider, and steps that must be taken to design a future that goes beyond interoperability.

The guidance will enable the states and localities to embrace a fully integrated health and human service enterprise that delivers positive outcomes for consumers and, ultimately, reduced costs to states and localities over time. In it are definitions and discussion about governance, the governance structure, and the governing body. Governance, its structure, and the governing body differ from the day-to-day management of an organization or project. Management leadership is responsible for operational decision-making, with a clear reporting relationship to the governing body. Management operates with clear expectations and outcomes, sufficient authority delegated by the governing body, appropriate staff and technical capacity to carry out duties assigned, and credibility with key stakeholders to get the job done.

[4] Cari DeSantis, *Bridging the Divide: Leveraging New Opportunities to Integrate Health and Human Services.* APHSA. October 2011.




### *Consumer Access Channels*

Modern information technology is the hallmark of the marketplace in which most Americans access goods, services, information, and each other. Think about the ease with which anyone can conduct personal banking, check books out of the library (including e-books), buy just about anything from anywhere in the world, stay connected to others, work, play, and learn in virtual classrooms. The market in which modern Americans operate is changing fast and dramatically in ways unimaginable less than a decade ago. Life happens at the speed of the latest operating system along with real-time processing. Cell phones, tablets, and kiosks are portable computers, quickly replacing even the beloved laptop computers that revolutionized the computing world not too long ago. The United States is committed to expanding band width to enhance connectivity to even the most remote reaches of the nation. There is no going back. The future is here, and consumers of all ages are embracing it.

So why are the nation's government human service systems still operating like it's 1985? The answers are simple: new computer systems are expensive; the workforce is aging, and the government human service system still reflects the fragmented, disconnected, isolated agency, discrete database, paper-based, decidedly not customer-oriented business model of the 20th century. For the most part, consumers of government benefits and services must still venture to a government office building, present paper documents, wait for someone to approve them, and return with more documents if needed. And they must repeat this same process over and over for each benefit or service they need.

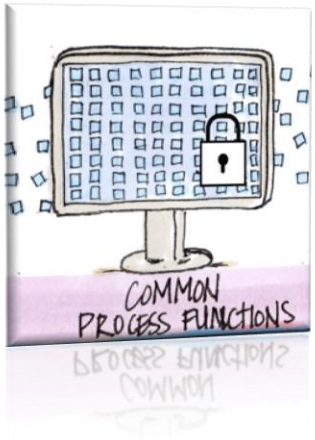
Ease of access calls for multiple entry channels—a *No Wrong Door* approach—or *Any Door Will Do*—leverages modern technology and new community partners as portals for entry and extensions of the government workforce for managing the total process and consumer/agency relationship.

The trends today include online information about government benefits and services, online portals where consumers can research, apply for, and enroll in certain benefit programs for which they are eligible. When the Health Insurance Exchanges go live in January 2014, Medicaid will be the forerunner in online application, real-time eligibility determination, and prompt enrollment or referral to other health insurance products for which they may be eligible. This advance in consumer access to Medicaid has been years in the planning and systems design; the nation's human service systems will now be required to be "interoperable" with the new Medicaid IT systems, but most are not now and, unless planning begins soon, will not be anytime soon. (For more information, see the APHSA *Technology Guidance* located at *http://nwi.aphsa.org/DOCS/Technology-Guidance.pdf*.

The vision for enhanced consumer access embraces both high-touch and low-touch access channels—the newest technology, maximizing the latest capabilities of the Internet, mobile devices like smart phones, tablets, and kiosks in public places closer to the consumers, as well as traditional entry points as government service centers and offices and community-based organizations (CBOs). The trend is toward utilizing even more community-based organizations as access points since government agencies have recognized that CBOs are much closer to and in tune with special populations, like elderly individuals, immigrants, and people with disabilities and thereby can be a logical and valuable extension of the government for the purposes of information, referral, eligibility determinations, data verifications, and enrollment for public benefits and services. This trend will require CBOs to increase their engagement as real partners with government agencies, including enabling their access to government databases and case management systems as a way to streamline and build in greater efficiencies.

No matter how consumers get to and connect with public programs, the various consumer access channels must ultimately lead to electronic entry and paperless processing for government IT systems. The modern capability

to scan and send documents electronically is an essential component of streamlining and speeding processing of applications and enrollment, as is the ability for government IT systems to tap existing databases for real-time data verification and application processing. Electronic communications to and from a government agency, whether by e-mail, text, interactive verbal response capability, or other yet-to-be-invented technology, are critical to creating the modern marketplace experience for tomorrow's consumers in health and human service systems.




### *Common Process Functions/Shared Services*

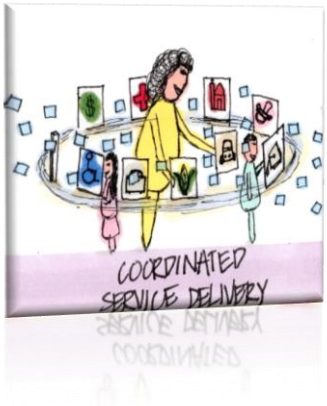
The business needs of today's human service enterprise are quickly changing so dramatically that it is hard to imagine what the next decade will bring. It is time for human service system leaders to rethink a host of common business practices and processes, and consider how modern technology can connect the human services with the health-care sector for not only interoperability but for full integration. The vision calls for an integrated business with shared services and systems that create value by delivering more streamlined, efficient, and effective operations for managing customer relationships and coordinating care, for eliminating duplicative paperwork and staff processing for multi-benefit/service beneficiaries, and producing business analytics to help predict and produce the desired outcomes for the consumers and the state.

According to the Centers for Medicare and Medicaid Services (CMS), the list of possible shared services and process functions is non-exclusive but does include the following: common applications, a master client index, multi-benefit screening tools, real-time eligibility determinations, electronic document management, robust data sharing, integrated case management, customer relationship management, common rules engines, business analytics, and so on. Modern technology can produce the integrated systems that are required to coordinate across multiple agencies and produce the vision of the 21st century health and human service enterprise; however, work must also be done to align the policies, rules, regulations, and practices that today are categorical, cumbersome, antiquated, and designed to function in a mid-20th century world. Simply layering new technology over an old outdated human service system will not do.

Modernizing the workflow, not just the technology, is essential to supporting modern business needs and ultimately the consumer experience. This new business model calls for re-engineering the workflow among benefit programs and services, envisioning shared business functions, shared data and easy access to relevant data and information, new policies, rules, and regulations that minimize the barriers to modernization and improve business functional performance. Modern, integrated, streamlined business functions make it easier for consumers to navigate the system and for front-line workers to do their jobs without the duplications and frustrations of the current system's obstacles that add time and money to the process of getting to the right benefit or service.

That sentiment also extends to the workforce. Modern technology can help the workforce work smarter, faster, with less duplicative processing, less paper-handling, and more accuracy. Technology, too, can enable a much more remote workforce; people in the field or working from home also mean less need for bricks-and-mortar buildings.

Human service leaders should consider the business needs for access, process, distribution, and outcomes problems that need addressing, then design, plan, and transition the business solutions that will achieve a high-performing, integrated health and human service system for the 21st century.

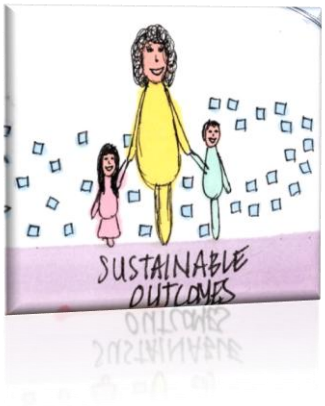



### *Service Delivery/Distribution Channels*

A truly integrated health and human service enterprise offers a full menu of benefits and services to "package" or "bundle" to meet the individualized needs of the consumer and leverage the strengths that the consumer brings to the table. The system must be agile enough to recognize when one service or benefit may be all that that individual needs at that particular time but *also* to recognize that the presenting condition may be only the tip of the iceberg in terms of what temporary supports he or she may need to get back on their feet and stay there. The goal is not to just alleviate the immediate crisis or presenting condition, but to stabilize the individual or family to minimize or eliminate the need for them to return for service and to help them toward *sustainable* independence from government support over time. This approach creates a "System of Care," an approach that maximizes an individual's natural supports—family, neighbors, church, community—and focuses on prevention and early intervention to minimize the *need* to return to service, thereby sustaining positive outcomes and reducing cost to the state.

Considering the plethora of government benefits, programs, and services as items on a menu from which the consumer, in concert with a caseworker or "coordinator," can choose to help him or her and the family to weather their difficult time and become self-sufficient assures a better chance of delivering the right service/benefit at the right time in the right setting at the right cost and in a coordinated, integrated way so as to minimize conflicting or duplicative requirements and to maximize the potential for long-term personal success.

The trend for the past decade or so has been for governments to push more and more of their service delivery and benefits processing out to the community by contracting with private providers closer to the populations they serve. The expectation is that this trend will continue, as governments seek to reduce the public workforce and reduce the associated costs. This means that community-based providers will expand the service distribution channels in many ways and in many places and will focus on delivering home- and community-based services to meet consumer demand and expectations and to minimize their costs as well. To do that, those private providers will need to partner even closer with government agencies, to include access to their data systems for not only eligibility determinations and enrollment capabilities but also for case planning, care coordination, and customer relationship management.




### *Sustainable Outcomes*

Much has already been written about the sustainable outcomes called for in the APHSA *Pathways (http://aphsa.org/DOCS/Pathways.pdf)* document and in the October 2011 report, *Bridging the Divide.* It is important for each state and local jurisdiction to decide what outcomes they seek for their unique populations and then design a business model, operations, and infrastructure to help them achieve those outcomes. What is important here is the notion of collective accountability for sustainable positive outcomes for the people served across the entire health and human service system. Given what is known from evidence-informed and evidence-based practice about what really works in health and human services, given that technology can deliver new efficiencies across a broad spectrum of functions throughout the entire business process, and given the changing needs, demands, and expectations of 21st century Americans, the work required to discern desired outcomes for the health and human service system is time well spent.

The *Pathways* outcomes of gainful employment, healthier and stronger families, adults and communities, and the sustained well-being of children are a starting point. Start there and work backwards to fashion a health and human service system that works for your state.


### *Integrated Infrastructure*

Shared Administrative and Operational Systems that support business needs across the entire health and human service enterprise must be intentionally designed to support the integrated vision and offer innovation, while constantly learning and keeping pace with the ever-evolving modern marketplace in which consumers live, work, learn, and play. This foundational infrastructure includes technology, data, the workforce, organizational culture, policy, financing, and facilities. All these functions must be integrated and aligned to support the operations that will lead the organization toward achieving the vision of an integrated health and human service enterprise that is focused on the consumer, streamlined and efficient, and creating, delivering, and realizing value for its consumers and the taxpayers.

A lot of work has been done about integrated infrastructure in the child welfare arena by a workgroup established by the American Public Human Services Association (APHSA) and supported by Casey Family Programs. Please refer to that extensive body of work for additional guidance by going to *http://ppcwg.org*.

***Summary***

The Ten Key Characteristics of the modern marketplace experience, described beginning on page 12 of this Guidance, established the philosophical grounding for the key elements of the new business model for the 21st century integrated health and human service system. Together they form the blueprint for building the health and human service system of the future.

## E. Conclusion

It is important for state leaders to understand the new business model for government health and human services and to consider their current model against this 21st century vision. The details may change from state to state, from county to county, to accommodate the varying needs and makeup of the local populations, the philosophical and political perspectives of elected officials, and the resources available to the broader health and human service enterprise. This guidance is offered as a starting point for those critical discussions that will feed the necessary planning, design, innovations, and organizational transformation journey that each state or county must undergo to achieve the vision and sustainable positive outcomes for the people they serve. In doing so, leadership must discern their business needs for the future and the access, process, distribution, and outcomes problems that need solutions, keeping in mind that modernizing the workflow, not just the technology, is essential to supporting modern business needs and the consumer experience.

Clearly, a robust, integrated health and human service enterprise is possible through modern information technology and should be the hallmark of the modern consumer experience in accessing public benefits and services. Aligning a human services business model of integrated consumer access channels, shared services, streamlined business functions, interoperable information systems, care coordination, relationship management, and outcomes reporting with the new health system experience is essential to achieving the desired improved outcomes for individuals and cost savings for the state.

All of these considerations factor into the redesign of the integrated health and human service business model that will change the way we do business in the near future. Human service business leaders must guide this planning process with a laser-like focus on consumer outcomes and achieving a high-performing, integrated health and human service system for the 21st century.

# *Appendix*

## Examples from State and Local Agencies

This list only begins to reflect the amount of innovation and activity that is happening around the country relative to integrating health and human services. Some states are working on the leading edge of horizontal integration—New York City, Maryland, Oregon, Utah, and Washington, as described in the *Bridging the Divide* report. Plus a number of states have invoked the A-87 Exception or are working on integrating eligibility systems between human service programs and Medicaid/Health Exchanges. So far though, they are mostly interested in linking SNAP and TANF with Medicaid, although a few are also looking at children's services as well, and others are thinking even more broadly. Have all of these states done the hard work of developing a strategic business model before doing this work? We don't know that for sure. But certainly, they all had to ask and answer critical questions related to the policies, rules, and regulations that presented barriers or *perceived* barriers to integration, and begin to build from there. Specifically:

**Texas**—Extending their eligibility system to be a portal for all health and human service programs

**South Carolina**—Building one web portal that can do intake with a user-friendly interface and developing a Master Data Management system and Client Identifier Index

**Tennessee—**Focused on developing a broad enterprise system for health and human services to support horizontal integration

**Idaho**—Conducted business process reengineering first, prior to information technology planning and procurement

**California**—Specifically "C4", which is a county consortium comprised of four large counties that use the same eligibility systems. C4 is using a rules based/source engine so data can be easily transferred

**District of Columbia—**Building an integrated eligibility system and starting to develop an integrated vision with technology as the base

**Montana, New Mexico, North Carolina, and Rhode Island—**Building integrated eligibility system components into an existing architecture

**Delaware, Hawaii, Nevada—**Conducting integrated eligibility planning as a component of their health care reform planning

**Wisconsin, North Carolina, South Carolina, Illinois, and Rhode Island**—Recipients of the Work Support Strategies Grants, funded through the Ford Foundation, which provide recipients with a one-year planning grant to figure out how they will stagger integration among human service programs, and then a three-year implementation grant

**North Carolina—**Conducted an analysis on state and federal eligibility policies for different human service programs to better understand the connections between the two levels of government and what efforts at the state level could be made to streamline these policies. Additionally, North Carolina aligned eligibility determinations and income verifications processes for health and human services.