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The Brazos Valley Council of Governments (BVCOG) Service Integration Report 2013-2014

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Executive Summary

This report examines human service integration efforts of the Brazos Valley Council of Governments and what regulations stand in the way of full integration. Along with the findings from the Brazos Valley Council of Governments, we developed a report of other states' human service integration attempts. We found that "siloed" funding streams, restrictions on information systems, and other regulations present significant barriers to the Brazos Valley Council of Governments. We also found that human service agencies in California, Colorado, and New York provide a model for the Brazos Valley Council of Governments to achieve full human service integration; however, regulations from the U.S. Department of Housing and Urban Development will prevent the full integration between all programs offered at the Brazos Valley Council of Governments.

Chapter 1

Service Integration Historical Report

A report that explores the history of the coordination efforts of social services in the U.S. and in the Brazos Valley.

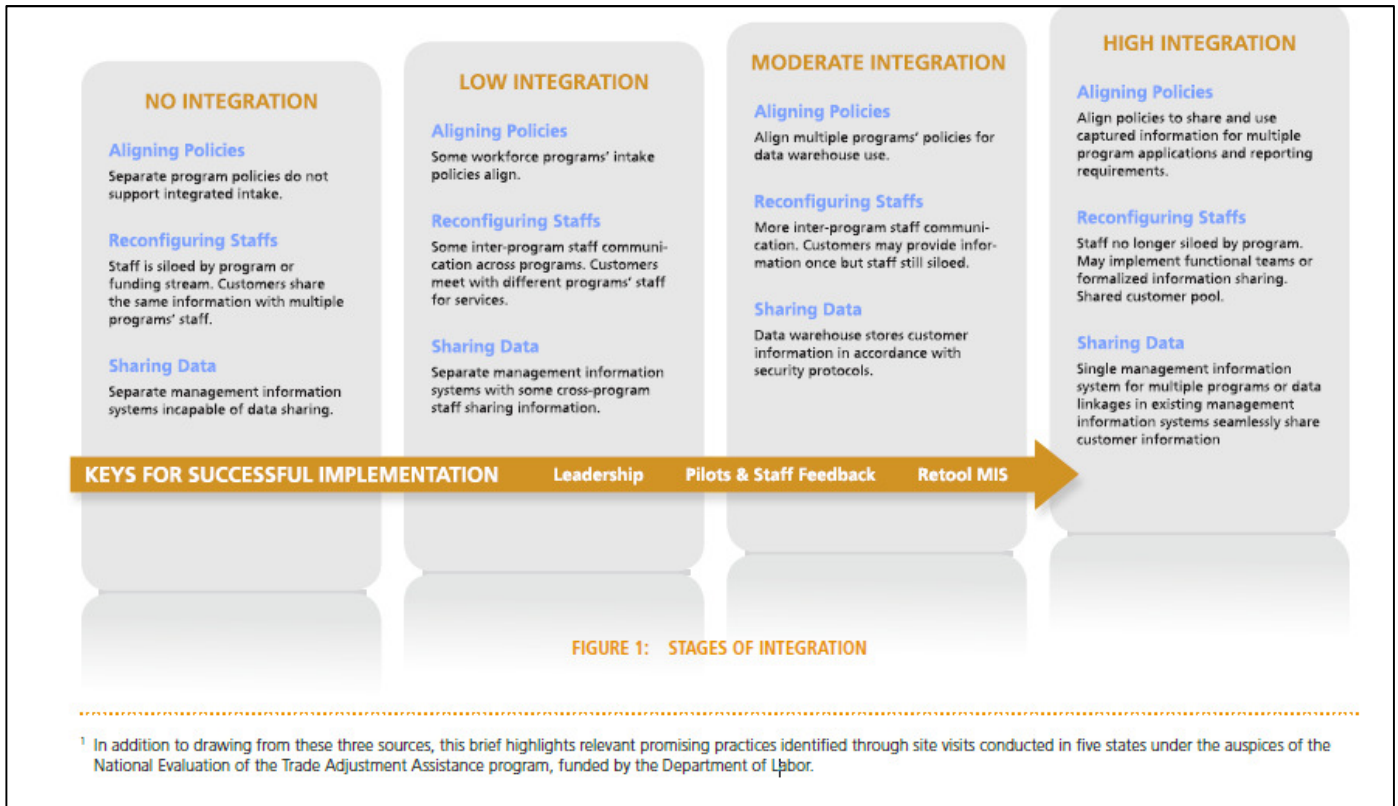
Background

No single definition constitutes all aspects of human service integration. Service integration differs, based on the agencies involved, the services being delivered, and the goals set forth. According to Corbett and Noyes (2008), “service integration is a combination of strategies that simplifies and facilitates clients’ access to benefits and services” (1). Ellen Konrad states that human service integration “is a process by which two or more entities establish linkages for the purpose of improving outcomes” (1996). Richard Kusserow describes service integration as ways of organizing the delivery of services to people at the local level (1991). Integration is both a comprehensive term and a representation of an ideal state; conversely, it represents a point on a continuum of various levels and types of interrelationships of any service integration initiative. For example, Konrad discusses the coordination of services as a loosely organized and informal attempts by programs to work together to improve deliverables (1996). Still, others discuss service integration as a collaboration that is a formalized model of programs working together to produce a common outcome. A commonality for every viewpoint is that those who pursue service integration aim for cost-effectiveness, improved program efficiency, and improved access to services, while avoiding the duplication of services which results in an improved overall performance (Konrad 1996, Pindus 2000). In addition, coordination efforts also include clients visiting multiple locations instead of a “one-stop shop” (Pindus 2000).

Service integration enhances the clients’ experience because it provides improved access to services through staff collaboration efforts. Service integration offers improved case management, which allows staff to increase knowledge and communication regarding the needs of the clients (Pindus 2000). Through the effective use of service integration, agencies can minimize the replication of actions such as client information, intake forms, and intake

procedures. Figure 1 shows the scale of service integration among human service organizations and explains the range of organizational structures from “no integration” to a “high integration” environment (Laird and Holcomb 2011).

Figure 1:



History of Integration Efforts

Service Integration Efforts through the Decades

The first significant drive towards service integration among human service organizations began with President Johnson’s “War on Poverty” in the mid-1960s. During this time, social programs expanded and a wide range of advocates recognized the efficacy of responding to

multiple problems with multiple causes (Agranoff 1991). Specifically, the enactment of the Economic Opportunity Act of 1964 initiated discussions on how service integration could address problems related to poverty (Kershaw 1970). Soon after, traditional community planning agencies began to include public agency members, which led to the development of systems services that cut across agencies (Agranoff 1991). Human services became the most visible agencies to combine, in terms of programs, personnel, and budget. Government officials soon recognized, however, that simply restructuring would not single handedly lead to integrated services.

During the early 1970's the U.S. Department of Health, Education, and Welfare (HEW) along with its successor agency, the U.S. Department of Health and Human Services (HHS), took a more active role to promote integration of human services by bringing top level attention to the issue. Under Secretary Elliot Richardson the Department of Health, Education, and Welfare funded forty-five research initiatives to spur service integration through Services Integration Targets of Opportunity (SITO) projects (Konrad 1996). The SITO projects intended to create comprehensive service delivery among state or local government or private agencies. However, by the late 1970's the projects faced significant funding cuts after new Health, Education, and Welfare Secretary Califano assumed office. Ultimately, these projects were never evaluated on whether they achieved their intended goals (Kusserow 1991).

By the late 1970's and 1980's service integration efforts began to recede due to the lack of federal initiatives. Multiple attempts in Congress to push for service integration, including the Allied Service Act, failed due to categorical programs interests (Konrad 1996, Kusserow 1991). The early Reagan administration strategy focused instead on the enactment of block grants and on funding reductions. However, the block grants issued in 1981 allowed for more flexibility of

funding which drove state and local governments to take the lead on implementing service integration of human services.

Programs in the 1980's sought some integration as advocates brought attention to problems related to homeless and hungry, the elderly, children at-risk, teen pregnancy, violent crime, school dropouts, substance abuse and persons with AIDS. These became prominent issues that required attention and this resulted in the Family Support Act of 1988 which aimed to develop systems to remove people from welfare by focusing on multiple needs. The Family Support Act of 1988 created the Job Opportunities and Basic Skills (JOBS) program under the Aid to Families with Dependent Children (AFDC) program. These linked programs provided packages of education, training, and employment expertise, and support services such as child care, transportation, and medical assistance for welfare recipients (Agranoff 1991).

One bright spot for service integration in the 1980's came with the passage of the 1984 Deficit Reduction Act which included funding for Services Integration Pilot Programs (SIPP's). These programs sought to demonstrate, through the newly minted Department of Health and Human Services, that the use of integrated service delivery systems can help the population achieve economic self-sufficiency (Konrad 1996). The initial pilot program selected five states to establish the SIPP's. After initial implementation, administrators realized all five states shared two common threads: a client case management approach to service delivery and a state-conducted evaluation of its own programs (Konrad 1996).

Service integration became more prevalent in the late 1980s as communities attempted to address issues beyond their jurisdiction or organization. The most notable integration strategy came in the form of public/private networks. For example, the City of Dayton, OH, worked with a local non-profit organization to address homelessness (Agranoff 1991). However, local private

agency community planning councils were replaced by units anchored in local general-purpose roles (e.g. city, and county governments, United Ways, special districts, and locally based foundations).

By the 1990s, federal agencies were clearly no longer the driving force behind human service integration. State governments and localities took the lead by combining programs to offer better services. Service integration initiatives proliferated in areas such as mental health services, family preservation, substance abuse, and services for at-risk children. With the wide array of service, administrators once again considered ways to integrate various services to offer an ideal “one stop shop” to clients.

In 1998, the Workforce Investment Act (WIA) sought to unify disjointed employment and training centers (Nilsen 2002). The WIA intended to update and replace the four Job Training Partnership Act programs for disadvantage adults and dislocated workers, through three new programs for adults, dislocated workers, and youths. It de-emphasized categorical characteristics and offered a broader range of services to the general public (Nilsen 2002). This development motivated state and local agencies to experiment with various forms of coordination. In 2001, all 50 states reported some form of coordination between services offered under TANF and WIA. However, many of these efforts dissipated in the following years due to a lack of funding as well as rotating administrators who lost interest in service integration. Currently, only a selected few of state and local governments have continued to push for integrated human services like the BVCOG.

Councils of Governments

Local government organizations across the United States participate in voluntary regional bodies which deliver a wide array of services, including social services, transportation planning, and economic development planning, along with a range of other services within a designated region (Wikstrom 1977). These organizations, referred to as Council of Governments (C.O.G.'s) organizations, formed as a result of state legislation which authorizes local governmental entities to enter into voluntary partnerships with each other. These regional bodies offer city, county, and other local governmental entities in a specific geographic area, as defined by state legislation, the ability to make a cohesive effort to deliver services. Some states refer to these bodies as regional councils, regional planning councils, or regional commissions (National Association of Regional Councils 2013). Of the 39,000 general purpose governments (local governments) in the United States, more than 35,000 are served by regional councils (National Association of Regional Councils 2013).

Council of Government organizations deliver services from the federal, state and, local government level which usually include the following governmental entities and services: economic development councils, municipal planning organizations (MPOs), transportation planning, aging services, emergency planning, job-training programs (Texas Association of Regional Councils 2014). C.O.G. organizations can also serve as the formal mechanism for the disbursement of Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and can coordinate with federal housing programs in the community under the authority of the U.S. Department of Housing and Urban Development (HUD). Texas established the Texas Association of Regional Councils in 1973 to promote the capabilities of the 24 regional councils of government. Each council of government pays

membership dues to TARC to have a forum to share ideas, to educate the public, and to be represented before legislative bodies and agencies (Texas Association of Regional Councils 2014).

In recent decades, a cohesive effort to deliver services under C.O.G. organizations expanded among municipalities across the United States. It offers an attractive option for local governments to combine efforts to cut costs to taxpayers. These organizations seek to create a “one stop shop” where constituents can go to receive a wide variety of public services. The State of Texas provides an excellent example of how C.O.G. organizations deliver services to constituents while working in the framework of local governments within a specific region (Texas Association of Regional Councils 2014). Specifically the Brazos Valley Council of Governments, which this paper will examine, provides an excellent real world case of a Council of Government that delivers resources to constituents under an umbrella organization.

What is the Brazos Valley Council of Government?

Inception of the BVCOG

The Brazos Valley Council of Governments (BVCOG) was originally established under the Public Works and Economic Development Act in 1966 as the Brazos Valley Economic Development District (Texas Association of Regional Councils 2014). The following year it was reorganized as the Brazos Valley Development Council as result of state legislation (Brazos Valley Council of Governments 2013). Article 1011m is the regional council’s enabling legislation (Texas Association of Regional Councils 2014). The Board of Directors voted to change the name of the council in 1997 to the Brazos Valley Council of Governments to

emphasize the cooperative spirit between the local governments and to reflect the language set forth by the legislature (Brazos Valley Council of Governments 2013).

The Brazos Valley Council of Governments serves as a voluntary umbrella organization for the counties of Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington, which have a combined population of 319,447 and an area of 5,124 square miles (TARC). There are three agencies that we highlight as examples of service integration at the BVCOG: they are the Texas Workforce Solutions of Brazos Valley, the Housing Choice Voucher Program, and the Area Agency on Aging. These entities serve several major cities; including Bryan, College Station, Navasota, Brenham, Giddings, Hearne, Madisonville, and Caldwell (TARC). Since these three programs utilize the most resources, BVCOG leadership developed a strategy for integration among the three programs to save costs by cutting down on redundant processes and to provide better client satisfaction. The collaboration of multiple agencies at one location in the Brazos Valley as a “one stop shop” was initiated by Mr. Tom Wilkinson, the current Executive Director of the BVCOG (Meeting Notes from 10/20/2013).

Services Provided to the Brazos Valley Region

The three programs mentioned above, Texas Workforce Solutions, the Housing Choice Voucher Program, and the Area Agency on Aging proposed to integrate to eliminate inefficiency and a lack of effectiveness as part of the intake process. Integration of these agencies and their intake process will provide two benefits that impact citizens of Texas as well as state legislators.

The Housing Choice Voucher Program, a Section 8 Program established by the Department of Housing and Urban Development (HUD), provides the BVCOG federal funding for housing assistance to low-income families, individuals, elderly, veterans, students, and families with disability by issuing a voucher. The Housing Choice Voucher Program currently

serves 1900 families in the Brazos Valley region. Population densities for the seven counties currently served ranges from 14.3 in rural areas to 260.1 in the Bryan-College Station area. Compared to other region's homeownership rates, the Brazos Valley region is high; there are a limited number of rental units (PHA). This problem of high homeownership, combined with low levels of production of new housing units, creates further hurdles for low-income families to find appropriate and affordable housing. Another issue faced by low-income families in finding affordable housing is the attitude of landlords to lease units to non-Section 8 tenants. Many landlords choose to avoid Section 8 housing for their choice of renters. Rental vacancy rates in the Brazos Valley are extremely low, which forces low-income families to be placed on the waiting list for public housing. Currently, more than three thousand families, fifty-one elderly citizens, and more than five hundred disabled citizens are on the waiting list for affordable housing in the Brazos Valley (FY 2013 Plan).

The elderly population, served by the Housing Choice Voucher Program, is also served by the Area Agency on Aging and Workforce Solutions. The goal of the Area Agency on Aging is to provide the elderly population over the age of 60 with home-delivered meals, care, and guidance about their rights. The Workforce Solutions Program links the Housing Choice Voucher Program and the Area Agency on Aging through a self-sufficiency program in which individuals and families attend workshops that provide skills to keep up with the changing trends in education and technology.

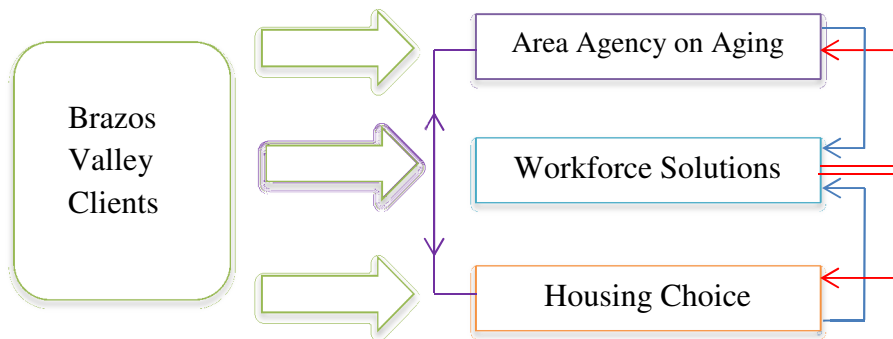
Workforce Solutions provides ways for individuals to find employment and become independent in the Brazos Valley. This program provides job training and assistance to those currently seeking employment in the Brazos Valley. In this region, 76% of the population have completed high school or attained a higher level of education, while the remaining 24% have not

graduated from high school (BVCOG Economic Development Plan). The following section will provide an overview of how residents of the Brazos Valley seek the services of the BVCOG.

Operational Service Context

The Client Perspective

Many clients in this region dream of owning their own home and working in industries such as healthcare, administration, tradecraft, and education. When clients seek services at the BVCOG, they are initially referred to the agency that resembles their most pressing need. Depending on a variety of factors, such as savings accounts, background checks, and the size of their family, they then apply for aid. The process looks similar to *Figure 2* below:

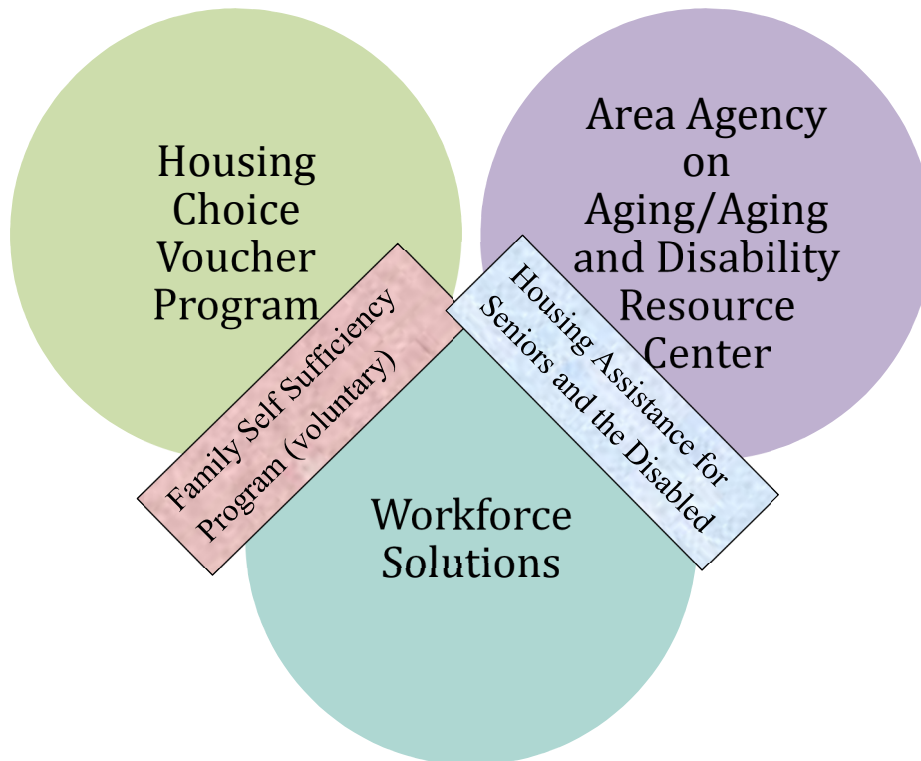


All of the thin arrows represent the possible routes one client can take depending on their need. Within each program, the client fills out a required registration form for the specific agency and schedules an appointment to speak with a case manager. Next, an evaluation of the client's information is given by a representative from the program of initial contact. Then, the citizen may explore additional assistance from other programs. For instance, a client may approach the BVCOG for temporary housing. Before the client can proceed, the representative

assesses their income eligibility to ensure the client can maintain a certain percentage of the rental housing expenses. Often times, the client is unemployed and is recommended to first enroll in Workforce Solutions before applications for rental housing can be processed. In this scenario, the one-stop shop *Figure 2* described above encounters considerable barriers for the client. This will be discussed in further detail in Section 2

The BVCOG's Perspective

There are constant efforts to integrate and coordinate the Housing Choice Voucher Program, Workforce Solutions, and the Area Agency on Aging programs. As mentioned before, the BVCOG believes that integration among these three programs would provide improved service delivery, financial efficiency, and enhanced internal and external operations. Figure 3 below represents the delivery of services from the standpoint of the BVCOG.



In each program, BVCOG employees work with client on a case by case basis. There are a few case managers in each agency that are under the supervision of program managers. The program

managers who strive to integrate and evaluate their mechanisms to bring the necessary services to the client. A few employees from each program also gather together once a month for Triage Meetings to discuss a select number of individual cases. These meetings provide an opportunity for the BVCOG staff to improve coordination of services on a case by case basis. Based on the current facts stated above, the BVCOG is placed as a level one on the model of service integration benchmarks. More will be discussed later in Section 4.

Intake 1

Intake 1 is described as a client relationship management software designed specifically for health and human service agencies (McGuire, Rich, and Schobeiri, Intake1: Introducing a New Paradigm, *power point presentation*). The software was developed by Jeannie McGuire, Andrew Rich, and Wilfried Schobeiri at Project Unity. This organization is a non-profit that works with the BVCOG and their clients, essentially empowering families to help themselves. They strive to assist the unmet needs of vulnerable families in Brazos County. As the BVCOG strives to better integrate its services, clients still face the cumbersome process of providing duplicate personal information and updating their ever evolving status to multiple agencies.

Intake 1 is a user-friendly platform that generates shared intake information across agencies, allows case managers to document the incremental progress and outcomes of client progress, provides needs assessment functions, generates customizable reports to comply with funding sources, and updates information across agencies immediately (McGuire, Rich, and Schobeiri, Intake1: Introducing a New Paradigm, *power point presentation*). While each program maintains its own legacy system to comply with program specific demands, Intake 1 facilitates the integration of the intake and case management functions across agencies. Time

and money may be saved through a more seamless access to a client's information and the client can enjoy an interaction with the agencies, free from duplicate questioning. The benefits of Intake 1 include the following: case actions are stored in one location, the web-based interface allows authorized program personnel access from anywhere, National Performance Indicators can be linked to outcomes across agencies for performance measurement functions, customized reports can be generated while the original data is backed up, customizable intake for each program's needs, and a client's visits and case history may be instantly verified (McGuire, Rich, and Schobeiri, Intake1: Introducing a New Paradigm, *power point presentation*). The intended user for Intake 1 is any government agency that is distributing benefits such as child protection, education, employment, housing, early childhood, homeland security, disaster planning, veterans services, and criminal justice services (Intake 1: Product Overview Document).

In 2011, the concept of using Intake 1 at the BVCOG gained traction during a Board of Directors meeting for Project Unity. Members discussed the benefits of the software sharing system to provide better assistance. They concluded that innovative ideas such as Intake 1, invite collaboration between agencies and a central service distributor. Later in this same year, members discussed the possibility of introducing Intake 1 to State Representative Fred Brown for input among all state agencies (Unity Partners Board of Directors Meeting Minutes 2011). It is unclear if further steps were taken after the mention of contacting the congressman as he resigned later in November of 2011. State Representative John Raney took his place in December of 2011.

Soon after, an employee at the BVCOG conducted an internal study to assess this integration problem and Intake 1's solutions. The study, like those before it, concluded that the BVCOG would benefit from a program like Intake 1. Presently, the BVCOG has hired one of

Project Unity's employees who are well versed with Intake 1, to try to assimilate some of the integration for the three agencies. However, at this point the BVCOG has not fully embraced Intake 1 past the transplanted employee, because they have not been able to secure proper funding for the software. In addition, they have also encountered resistance from known legislation such as HIPAA, which references client confidentiality for the software.

Nevertheless, the capabilities that Intake 1 can provide, may be a solution to helping the BVCOG create a common intake process and better manage its clients.

Chapter 2

Service Integration Barriers at BVCOG Report

A report on the scope of the service coordination barriers among the BV regional social services agencies.

BVCOG's Expectation

As the largest public service provider in the Brazos Valley, the BVCOG faces various challenges of service delivery and integration. Administrative constraints and funding limitations cause families and individuals to struggle to obtain an array of services that are available to them. To tackle the current operational problems and potential integration barriers within these programs, the BVCOG seeks solutions or suggestions on the following aspects to improve their current and future service to targeted citizens.

Barriers to Service Integration

Growing customer expectations make efficiency and effectiveness key measures to assess performance management at the local level. Many BVCOG clients who apply for services in one program are also eligible to receive assistance from other divisions as well. The ability of the BVCOG to share client information across programs and offer the full set of services is critical. Under these circumstances, BVCOG leadership must overcome barriers and design internal processes to meet growing expectations and needs of citizens. Addressing the following challenges to service integration will improve citizen experience and outcomes through the use of various programs.

Data integration

Data integration and sharing presents a complicated issue that can lead to legal challenges, which includes ensuring the privacy of user information. Administrators do not have a single master application that is completed by a customer when he/she applies for any service provided by the BVCOG. Currently, citizens are required to fill out separate applications for each program and as a result, the time needed to process applications and offer services is prolonged. Each service provided by the BVCOG has its own individual application. However,

case managers in each program may ask for clients' written consent to share their personal information with other programs in an effort to distribute the information with other applicable services. A shortfall of this process is that there is no written guidance for this procedure.

Ronnie Gipson, Program Manager for the Area Agency on Aging, stated that "access to databases to see what is going on with a customer/client is one of the biggest barriers faced by my program." Mr. Gipson further suggested that this barrier prevents smooth service integration and indicated that "there is an overlap of information but this overlap lacks coordination between staff of the different programs." Judson Brown, Program Manager for the Housing Choice Voucher Program, stated that a "lack of information sharing of staff within the three programs is a great barrier." Trish Buck, the Program Manager for Workforce Solutions, stated that "information sharing within agencies" is one of the barriers at the macro level that is creating obstacles in improved service delivery.

According to Ms. Buck, "streamlining of employment programs at the federal level" should occur and there should be an element of human-ness in the case management process. Before service integration can occur at the BVCOG, data integration must be improved. Upper-level management agrees and echoes similar concerns for the improvement of data integration at both the macro and micro levels.

Software

Effective processing of applications and exchange of citizen information across various programs requires a uniformed software system. A software system would provide a way for case managers, program managers, and top management of the BVCOG to share information, provide assistance, track progress, and report information on outcomes. It could also provide a consolidated way for citizens to submit information that could be shared amongst agencies. The

BVCOG currently does not have an agency-wide software system; this inhibits their ability to manage cases across program boundaries. The advent of a software system could provide improved communication, both internally and externally for both citizens and staff. An effective software program could provide improved speed for those who wish and / or qualify for various services delivered through the BVCOG.

If an integrated software system were in operation at the BVCOG, many clients would still face the barrier of access. Mr. Wilkinson, in agreement with Ms. Buck and Mr. Brown, states that the lack of infrastructure plays a major role as a barrier in service delivery. Most federal agencies design programs for the urban areas and do not make changes for adoption in rural counties. This creates a problem as many rural areas lack the infrastructure needed to access the internet, which has become a very common necessity in urban areas. As a remedy, the BVCOG is working on providing internet access to rural areas within the Brazos Valley region. More specifically, they are planning to install fiber cable in rural areas to potentially own and operate the BVCOG's internet which will be called the COG net. Once this is complete, many citizens would at least have the capability to engage with an integrated software system as citizens in larger cities do with their respective agency.

Personnel

The staff in each of the three major programs is trained and accustomed to administering their procedures only. Judson Brown voiced his concern that administrative capacity is a barrier to efficient service delivery because of its inability to provide enough knowledgeable personnel to deal with every case in a detailed manner. In meetings with case managers, our group found that it was difficult for them to effectively engage in their work because they needed to consistently interact with another agency. They described the current atmosphere of agencies as

major silos constructed with very little coordination or collaboration efforts established between them for mutual success. For example, Sonya Roberts and Lenora McDonald revealed, “Case managers do not know much about the information and procedures of other programs. The case managers of the Housing Choice Voucher Program are unaware of the processes and benefits of the Area Agency on Aging and Workforce Solutions.” Sonya Roberts and Lenora McDonald also indicated that “there is a lack of time to gain knowledge about each program, in addition to in-depth problems of each individual citizen.”

Mr. Wilkinson provided an example of how the lack of coordination hurts the citizen involved in the process. He stated that many times a program can delay or fail to work with convicted citizens on the expulsion of their prior felony records. When this occurs, it is close to impossible for that citizen to gain employment. Mr. Wilkinson also stated that his experience has been that other agencies have the potential to interact with one another, but purposely choose not to interact with each other.

Generally, there is agreement that the staff of each program needs to be experts in their own fields. They are to have experience and knowledge within their programs to be sure they can effectively carry out and provide quality service to their citizens. However, due to funding restrictions to integrate services, it is difficult to provide the personnel of the programs adequate training and support to insure they are familiar with other agencies structures and procedures. Because of this dichotomy, it is difficult to decide whether it is better to deprive existing personnel of time within their own program to better understand other agencies or to hire additional personnel to fill the knowledge gap.

Lack of information

Clients who apply for assistance from one program are often unaware of related services offered at the BVCOG. Many times they have tunnel vision and do not know how to pursue more assistance if they are qualified for it. Clients generally assume that case managers will discuss all of their options, including those outside of their respective departments. Established procedures that provide information to citizens on related services from other programs are missing. Sharing such information usually occurs on ad hoc basis.

Laws and regulations

The BVCOG is obligated to follow the laws and regulations set forth by Congress, and carried out through the Department of Housing and Urban Development, the Department of Labor, the Texas Workforce Commission, and the Department of Health and Human Services as they administer services to their citizens. The administrators of the agencies at the BVCOG have identified two areas where regulations have become barriers to service integration. The first is a restriction regarding their annual budget, and the second are the laws that prevent the dissemination of citizen information amongst several agencies.

At a recent meeting Tom Wilkinson stated that “90% of the barriers in service integration at the BVCOG are due to the federal stipulations added to the allocation of funds.” He further states that the “burden of barriers starts at the federal level and gets augmented at lower levels of government, where state stipulations are added.” Essentially, this burden trickles down from the federal level to the state and local levels for Workforce Solutions and the Area Agency on Aging. According to Mr. Wilkinson, Section 8 Housing does not encounter as severe of a slope because the funds are dispersed directly from HUD; however, they have other issues. He stated in a recent meeting that “at times even HUD has constrained the BVCOG with regulations as

they are focused more on managing cash for programs and executive compensation. In either case, HUD fails to focus on the bigger picture of helping citizens by removing strict budget regulations.”

In other situations, provisions about coordination and integration of service delivery at the local level are often vague or missing. This creates a barrier for the BVCOG as they are not able to clearly approach an issue such as privacy. For example, the ability to get a citizen’s written consent for sharing their information across agencies makes it possible to streamline various services delivery across programs. Yet, without a clear path of regulation from the Department of Labor or the Department of Health and Human Services, it is difficult to proceed with service integration and discuss a citizen’s background with all necessary agencies. In Section 3 we will further discuss the federal, state, and local regulations that affect the BVCOG.

Funding

Funding and related regulations create barriers for efficient service delivery. Tom Wilkinson stated that “funding creates barriers for the BVCOG. For example, preparing 900 meals for elderly citizens requires having funds on hand. However, congressional regulations stipulate that the BVCOG cannot have more than three days of cash on hand. This hinders payments to contractors and creates obstacles in the authorization of funds for program operations for the week.” Mr. Wilkinson added that from the funding perspective, “most programs are not designed to solve problems permanently, they just focus on solving immediate problems and these programs cannot initiate change without getting financial support from Congress.” Mr. Wilkinson noted, “Texas Workforce Commission and every agency that provides funds, questions the budget and questions the utilization and allocation of those funds.” The

programs within the BVCOG have to send in reports of past fund distribution and allocation per month to receive funding for future months.

Cost Allocation

As touched on above, Federal regulations stipulate the formulation of a cost allocation plan which encourages fair distribution of funding to all programs. The BVCOG has to not only adhere to federal cost allocation plans, but also to the cost allocation plan imposed by the State of Texas. Tom Wilkinson explained that on the management level, “the regulations mandated by the federal or state agency do not allow funds to be mixed with the funds of any other program. These funds are restricted to the program they were allocated for.” Thus, the BVCOG’s resource allocation plans address how funding is distributed and allocated within each program. Mr. Gipson added that “the general accounting practices, which mandates the cost allocation plan, is a juggling act that requires programs to line item expenses such as accounting, human resources, data line, & staff time/time sheets in their proposed budget.” Cost allocation is difficult to work within and often hinders program efficiency and effectiveness; therefore it is often avoided altogether.

Conclusion

The Brazos Valley Council of Governments struggles to overcome funding limitations and administrative barriers. Data integration and software issues prevent the program managers from accessing client information for real-time updates. It also prevents the client from receiving timely access to assistance. Further, staff members from different agencies struggle to interact across programs because they haven’t been trained due to limits on time, and restrictive funding

practices. Service integration is also inhibited by laws and regulations that are intended to protect client privacy and taxpayer money. Most of these are described further in the following section.

Chapter 3

Federal, State, and Local Regulations Report

A report that analyzes federal, state, and local regulations on service integration, and an assessment of the specific regulations that truly inhibit the integration/coordination of the regional social services that can be used and distributed by BVCOG at the state and federal level.

This section will provide an overview of current computer systems utilized in the public sector which attempt to bridge programs and agencies to streamline services to clients. Federal regulations of HUD, Texas Workforce Commission, and the Older Americans Act created multiple information/database systems. The agencies that administer these programs require the use these database systems.

NAPIS

The Administration on Aging requires the Department of Aging and Disability Services (DADS) to report program information into the National Aging Program Information System (NAPIS). Created through the Older Americans Act of 2000, NAPIS requires the Administration on Aging to utilize data information in accordance with the Governmental Performance and Results Act of 1993. Area Agencies on Aging (AAA) must possess the capability to collect, compile, and report the required NAPIS information to the Department of Aging and Disability Services (Texas Department of Aging and Disability Services 2013). The NAPIS system works in collaboration with 56 State Units on Aging, 655 Areas Agencies on Aging, 244 Tribal organizations, and over 29,000 local community service organizations. The system allows users to build their own custom state level database and produce customized tables in graphical and tabular forms from different sources:

- State Programs Reports (SPR)-Performance information on the supportive
 - services programs, and congregate home delivered meals programs under Title III of the Older Americans Act as well as the Title VII Elder Rights program.
- National Ombudsman Reporting System (NORS)

- 2003-2010 National Survey of Older Americans Act Title III Service Participants-Survey information from these surveys in which program participants assess the quality and usefulness of the services which they received.
- National Survey of Area Agencies on Aging (2005-2006)
- 2005-2008 Census American Community Survey-Data by state for a variety of characteristics including poverty, household types, and disabilities.
- 2000-2009 Census Population Estimates-By age group, sex, race/ethnicity, as well as additional demographic data.
- The Senior Medicare Patrols Project (SMP). SMP project staff and volunteers receive and conduct an initial review of complaints from seniors who identify suspended health care errors, fraud, or abuse.

To centralize this information, the Department of Aging and Disabilities purchased software called the “Social Assistance Management System” (SAMS), which organizes the information into a single database, produces the required report for the state, and uploads information to the Administration on Aging databases. The Administration on Aging expects reports from Area Agencies on Aging by December 20th of each year.

Enterprise Income Verification

HUD created the Enterprise Income Verification system which contains its own employment and income information. The Enterprise Income Verification (EIV) system entails a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs (U.S. Department of Housing and Urban Development 2010). HUD established the EIV and mandated its use for Public Housing

Administrations through Title 24 from the Code of Federal Regulations, in accordance with the Paperwork Reduction Act. The Brazos Valley Council of Governments Housing Choice Voucher Program must submit a potential client's information to the EIV system to verify the eligibility of the client. The EIV obtains information about clients from the Social Security Administration and U.S. Department of Health and Human Services. This information includes wage and employment information as reported by employers. This information obtained by HUD intends to verify a client's identity, verify reported income sources, confirm whether a client participates in only one HUD rental assistance program, confirm if a client owes any outstanding debts to any public housing administrations, confirm any negative status if a client previously moved out of Section 8 Housing, and follow up on deceased house members. HUD's Office of the Inspector General, HUD auditors, and the rest of HUD's organization all use the EIV to verify program client eligibility.

TWIST

Another system used to gather and report data, which only requires a single automated system, includes the Workforce Information System of Texas (TWIST). The Texas Workforce Commission created TWIST to provide a single data entry point and a central database for client information. The single data entry point of TWIST, referred to as "Intake-Common", maintains the most up-to-date information on clients. TWIST intends to provide all Workforce Development Boards in Texas with a comprehensive and user-friendly automated system to meet the common and unique needs of the partnering programs. The purpose behind TWIST includes a single point of data entry and a central repository for customer information which allows staff to access existing customer information from the central repository and/or legacy systems (Texas Workforce Commission 2003).

Discussion

Research of computer systems used by states for welfare disbursement identified major gaps in their capabilities to support the implementation and oversight of welfare reform (General Accounting Office 2002). According to local officials surveyed by the General Accounting Office, current systems provided half or less of the information needed for each of the three types of information needs. A major issue identified by local officials was the inability of systems to share information between programs that provide services to TANF recipients. This adversely affects a case manager's ability to monitor and deliver services in a timely manner. Another detrimental issue local officials saw was the need to input data more than once because the data does not automatically transfer from one system to another. The time it took to enter information multiple times into the system meant there would be less time that a case manager can spend with their client. Since the average case manager has to enter information multiple times, this increases the chance for error as the information could be entered incorrectly. It also complicates the ability to deliver services to that particular client.

Furthermore, some information systems present lack the ability to obtain data that is needed by program managers to meet their particular management challenges. For example, local officials at one site said that data on the characteristics of TANF recipients in the state's information system are often not available in a format that can be easily manipulated. This means obtaining data depends on technical expertise of staff. The regulations stipulated for the EIV present a significant bureaucratic barrier for local human service agencies seeking to integrate programs. HUD requires officials to only use the EIV for tenant eligibility verification in rental assistance programs (U.S. Department of Housing and Urban Development 2005). This presents the major barrier to why a one-intake system cannot exist at the local level. Typically, only the

staff associated with the public housing and HCV program has access to the EIV. Any other uses for information from the EIV require approval by the HUD Headquarters EIV coordinator or EIV security officer; and any uses for the EIV system without approval is subject to civil or criminal penalties on the responsible person or persons. The reason behind the strict access to EIV information involves client privacy to ensure private information does not disseminate to other parties. The Privacy Act of 1974 requires administrators' compliance with the careful handling of sensitive client data in order to protect privacy. Due to this act, local human services agencies cannot share information with other programs. This results in the need for the client to fill out their information again, with multiple programs, which lengthens the time it takes for the client to receive services.

While the state's initiatives have a multitude of objectives, their central goals generally include providing enhanced automated support for service integration and program management. Richard Nathan and Mark Ragan of the Rockefeller Institute echoed this point in their presentation, arguing that service integration has been a longstanding aim of program officials, but that the real politics of human services-characterized by bureaucracies with their own cultures and politics-have made this difficult (Ragan & Nathan, 2002). They went on to say that information technology can allow human service providers to overcome the politics of program proliferation. This is not necessarily done through "one-stops" that combine staff from different programs at one-stop centers, but through "one-screen", which makes data from different programs available to a caseworker on a single computer screen.

HIPAA: Federal Background

HIPAA, the federal Health Insurance Portability and Accountability ACT of 1996 serves to provide citizens security and privacy with their health information and patient records. HIPAA has three major parts, the Privacy Rule, the Security Rule, and the Breach Notification Rule (Texas Health & Human Services Commission 2014). These three rules outline the protections provided to them through federal regulation. The Privacy Rule provides protection over a patient's PHI, Protected Health Information, limiting who can gain access and view each individual's records. The Security Rule ensures protection of electronic forms of patient records and guarantees that safeguards, such as effective software, are in place to protect against electronic security breaches. The Breach Notification Rule compliments the Security Rule by providing required notification if a breach of security occurs and an individual's electronic patient records could be compromised. Along with the multifaceted protection it provides, HIPAA is unique in that it recognizes devolution and allows state law to supersede federal law if it offers more generous protection. Specifically, the Texas Medical Records Privacy Act of 2012 offers extended protection to individuals by requiring an individual's authorization before sharing any portion of their PHI to any agency, business, or organization (Texas Health & Human Services Commission 2014).

HIPAA offers extended protection to particular programs, particularly federally assisted drug or alcohol abuse programs. Under HIPAA, if the drug or alcohol program receives federal funding, it is not allowed to share any information (including the names of their clients) with anyone other than those within the program. This policy can inhibit particular programs when medical records need to be accessed for scanning or registration procedures. Programs must then create an additional step to ensure they are not violating any state or local regulations, while also

obtaining all necessary information in an effective manner to ensure effective service delivery. Because HIPAA inhibits information sharing, it potentially influences the integration process and as a result, “states and localities can develop a model consent form that allows families to decide which programs may share information” (Hutson 2004).

Release of Information

Both federal and state programs have existing documentation that allows for varying levels of authorization and the release of information. The Texas Health and Human Services Commission has an “Authorization for Use and Release of Health Information” form, that when signed by the client, permits the agency to access all Medicaid claims history information. Likewise, the Social Security Administration has a form called the Consent of Release of Information, that when filled out properly, allows for the release of an individual’s Social Security Number, Social Security benefits, Supplemental Security Income payment, Medicare entitlement dates, medical records from their respective claims folder, and complete medical records information.

Currently, the Housing Choice Voucher program has a release of information waiver that permits the program to obtain information regarding wages, unemployment compensation from state wage information collection agencies, former and current wages and salary information, and any related information concerning unearned income. The Area Agency on Aging also has an existing Client Information Release that allows the individual to specify what information they choose to release to the agency as part of their prescreening process. The information requested from each agency is beneficial to the personnel and administration because it can help them provide the most accurate level of care and services to each individual.

Agency Silos

As mentioned earlier, social assistance in the United States starts at the federal level and is transferred through states to local agencies, and in the case of this study, the Brazos Valley Council of Government. This act of devolution though, automatically creates silos for federal agencies and state agencies that disperse restrictive funding for social assistance. Under federal law, there are broad funding requirements for HUD, Workforce Solutions, and AAA, but there are also more stringent requirements once the state gets involved.

From a state's perspective, federal regulations act as a key impediment to service integration as the conflict between state strategies for providing coordinated services, and the narrow and restrictive federal funding and regulatory structures through which these services are provided, create more challenges for clients at the local level. Further, state officials have also asserted that federal funding silos, different eligibility and reporting requirements, and conflicting regulations impede or at least create difficulty in serving families in a comprehensive manner (Greenberg & Noyes 2005).

In other words, regulations from the federal level, affect clients as they interact with a local agency. For example, there are multiple verification steps and eligibility questions that can become redundant and cumbersome during the application process. Many states have tried to consolidate these steps into a single comprehensive form so that the client's information could be shared across agencies. However, the result was that clients had to overcome a painstaking process of filling out a large form, thus no efficiency was gained. State agencies then decided to use an agency specific form that was shorter, but this did not solve the problem of redundancy as every agency has a minimal amount of agency specific information (Parrot & Dean 2004). While this effort to aid the client was a bridge across agency silos, many programs still operate within

their own parameters. This creates barriers for those implementing verification and eligibility at the local level.

Eligibility and Verification Barriers

Once a client is in an agency's system, the eligibility and verification processes begin through the state agency to which an application was first submitted. Due to the complex nature of the services provided and the demographics for these services, HCV and Workforce Solutions typically have more barriers at the first access point. The Area Agency on Aging has the least number of hurdles for eligibility and verification.

Typically, the AAA encounters internal issues of risk with the compliance standards that are levied by the Administration on Aging. From the external perspective, the eligibility process is quite simple as services such as nutrition, transportation, care coordination, or care services is available to any elderly citizen 60 years of age and older who is healthy, unhealthy or in need of transportation. For the AAA, the barriers that exist are more for the senior citizens who are disabled, or unable to get to the meal distribution places. For eligibility, it only takes a single worker at the BVCOG to make the determinations in food stamp and Medicaid programs. These people are called eligibility workers who are employed by the state through merit protection systems. After a citizen is declared eligible, the assistance is provided through the AAA.

For the HCV program, the public housing authority establishes the criteria used to determine credible verification and documentation. Funding for the verification process comes directly from HUD, so costs are not passed onto the client but the rules are. Each PHA must verify areas such as unemployment compensation, unearned income, school transcripts,

immigration status, personal salary, social security, disability, birth certificates, and taxes. While this may seem intrusive, clients agree to release this information when they sign the HUD Form-9886 as a part of the voucher application. The success of this process is somewhat inefficient though because many clients cannot obtain many of these documents or a ride to the location to where these documents are. In order to remove some barriers, other forms of verification are deemed appropriate as there is a hierarchy of verification procedures that can be chosen ranging from most desirable (HUD Income Verification form) to least desirable (third party verification forms written or oral. If at any time, the PHA has doubts about the reliability of any information received from the client, it should pursue additional information (U.S. Department of Housing and Urban Development 2001). Typically the client verification process occurs once or twice throughout the year, with the client receiving a notice of verification review 120 days in advance. At times, multiple verifications are required with individuals at fluctuating levels of income, unearned income, and seasonal employment.

Similarly, Workforce Solutions has verification and eligibility methods in place for clients to gain access to employment opportunities, training, technology, unemployment benefits, TANF, SNAP, or housing (HCV). Most of these regulations are compiled and enforced by the Texas Workforce Commission. Except for verifying immigration status, and personal federal qualifications for SNAP, states have free reign to set up a simple set of verification rules in TANF, child care programs, Medicaid and CHIP. In Texas, for example, when a “work-eligible individual” is being assessed, their information is entered into the Health and Human Service Commission’s automated systems. These systems produce a variety of factors for case managers to use as they evaluate assistance eligibility (Texas Workforce Commission 2012). This

eligibility information is taken from the following data elements for the verification of each client:

- amount of SNAP assistance
- amount of TANF assistance
- family information codes (size, age, etc.)
- non-custodial parent indicator
- date of birth
- relationship to head of household
- parent with minor children
- work eligible
- subsidized child care

Once a client becomes eligible, the Workforce Solutions board is required to produce a monthly verification report of each client for auditing purposes. This perspective shows how regulation is transferred to the states in a broad manner and then to local entities (such as the BVCOG) with more specificity.

In the past, the BVCOG has tried to implement a common intake process for HCV and Workforce Solutions. However, HCV clients have a lengthy eligibility process to get on a housing waitlist. Once they are on this waitlist, they have to wait 3 to 5 years to be accepted, which is when another verification process for the client takes place. With Workforce Solutions, the eligibility and verification process occurs much sooner. Thus, the timing of comprehensive assistance programs such as these is another barrier to delivering services.

Cost allocation Barriers at Workforce Solutions

As mentioned before, the funding for Workforce Solutions comes from the Department of Labor (DOL) by way of the Texas Workforce Commission and the Workforce Investment Act. This money is appropriated for the operation of the local Workforce Solutions branch via the Governor of the State of Texas (“Reporting Requirements” 2010). After interviewing Ms. Buck of Workforce Solutions, we learned of the many programs that are grouped under Workforce Solutions and the specific funding rules that follow each program. For the sake of transparency in government spending, specific reporting guidelines are required by the DOL and the TWC. Thus, the records for funding, reporting, and auditing of these programs within the BVCOG must be kept in pristine condition on a quarterly and annual basis.

At the federal level, there are broad rules for each state on how to remain eligible throughout the year for the grant they have been awarded. For example, the DOL requires that each grant recipient submit a line-item account of expenditures for funding review to determine the success of the grant for the year. The auditing exists so that the federal government can ensure the funds given to the state are used appropriately and efficiently (for state funds, there is a two year requirement). If they are, then likely the same amount of funding will return in the next year. However, if the funds have not been used or if there is blatant misuse, the DOL will use their performance reports as a reason to revoke funding through sanctions (“Reporting Requirements” 2010). Common examples of funding misuse would be the purchase of any item that does not directly relate to clients obtaining jobs or the use of funds across department boundaries in areas like the housing choice voucher program (“Reporting Requirements” 2010). Appropriate uses of this funding would be employee outreach, participation in local associations, or community job training for clients (“Reporting Requirements” 2010).

At the state level, many of the rules and regulations that refer to Workforce Solutions come from the state level distributor, TWC. The Texas Government Code for TWC states that “it is the intent of the Commission to allocate funds to workforce areas for the purpose of meeting or exceeding statewide performances measures as set forth in the state General Appropriations Act so as to be consistent with the authority reflected in the Texas Labor Code, satisfying federal program requirements and operating an integrated workforce development system” (Texas Workforce Commission 2011). The TWC monitors the accounting practices of Workforce Solutions based on the number of clients that they successfully train, place, and participate in the program. Because states usually know their demographics better than the federal agency, TWC is allowed to distribute assistance for SNAP, TANF, Choices, and other programs on a need based formula (Texas Workforce Commission 2011). All of this activity is then monitored on a monthly basis at the BVCOG by the Workforce Solutions Board of Brazos Valley (Texas Workforce Commission 2011). In Texas, all of the aforementioned rules, funding requirements and oversight are also monitored by the Governor’s Office as they have to approve workforce solutions plans.

Summary of Cost Allocation at Workforce Solutions

Funds for government assistance are to be given indirectly to clients through the process of federalism. This is to prevent waste and promote responsible applications of assistance to those who need it the most. To ensure this goal, all of the aforementioned regulations and stipulations for receiving grants at Workforce Solutions must be met. The result of this process, has given rise to restrictive funding practices, inadequate training, poor participation rates, and ultimately low integration. A common report from those currently working in Workforce Solutions at the BVCOG is that there is not enough money to go around for those who work in

the program or for those who are served by it. In fact, this is a common theme the Government Accountability Office addressed in 2002 when the one-stop shop model started to multiply. They reported that WIA funds may not be available to TANF clients because WIA's performance measurement system discourages serving those clients who may not be successful (US General Accounting Office 2002).

In order to prevent the loss of funds, the BVCOG has engaged in what they call "creaming" for their programs. This idea centers on employing the most qualified, or serving those who are ready for jobs, without the need of further training. A similar issue at the BVCOG occurs when a client begins looking for a job, but needs both training and assistance under WIA & TANF. Immediately the lines of aid become complex as TANF funds cannot be used for employment training, yet the client needs them in order to be trained for and ultimately obtain a job. This issue has also been reinforced with the aforementioned GAO article, where some state officials have noted that "although the focuses of TANF and WIA programs are related, many differences abound in their reporting requirements for funding" (Texas Workforce Commission 2011). The result is that the BVCOG, as a one-stop-shop, is not achieving successful service integration within Workforce Solutions due to conflicting and restrictive requirements placed on the internal programs from the state and federal level.

Cost allocation Barriers at the Area Agency on Aging

The Texas Administrative Code, Rule §85.202 in Subchapter 2, Chapter 85, establishes the fiscal responsibilities of the Area Agency on Aging, particularly associated with the "purchases of goods and services, audits, cost allocation plans, and service and administrative match" (Texas Administrative Code 2011). The fiscal responsibilities outlined in the Texas

Administrative Code permit each Area Agency on Aging program to enter into subcontractor agreements in an effort to efficiently purchase goods and services (Texas Administrative Code 2011). To ensure fiscal responsibility, the Uniform Grant Management Standards that were adopted by the Governor's Office of Budget and Planning and which include federal regulations from the Office of Management and Budget, requires that all purchases made with grant funds pass certain criteria. The code implements a similar set of regulations to AAA that were explained for Workforce Solutions. Funds allocated to AAA are spent according to the purpose for which they were distributed.

As part of the previously discussed criteria, a required independent audit must take place within each AAA to verify that their funds are being spent according to the state and federal regulations. The audit must be conducted by an independent certified accounting firm and must be done according to

- The standards for financial and compliance audits contained in the Standards for Audit of Governmental Organizations, Programs, Activities, and Functions, issued by the U.S. General Accounting Office;
- The Single Audit Act
- OMB Circular A-133, *Audits of States, Local Governments, and Nonprofit Organizations*, as applicable
- The Uniform Grant Management Standards
- Generally accepted accounting principles (TAC 2).

Once the audit is completed, AAA is required to send the audit report to DADS (Department of Aging and Disability Services) and the Office of Inspector General of the Health and Human

Services Commission within 30 days of receiving the document or within an allotted nine-month period after the fiscal year ends, whichever occurs first. (Texas Administrative Code 2011).

Any Area Agency on Aging Program that has DADS as their directing state agency is required to submit their Indirect Cost Allocation Plan to DADS for final approval, per the Uniform Grant Management Standards requirements (Texas Administrative Code 2011). Because DADS has governing power over the approval of allowable costs, AAA is liable for costs deemed unallowable by their respective DADS agency. This occurs when “DADS sends the AAA a Letter of Notification of Disallowance with Intent to Recover Costs by certified or registered mail, requesting the AAA to resolve all findings and unallowable costs within six months of receipt of the letter, in accordance with Office of Management and Budget (OMB) Circular A-133, unless an extension is granted by DADS” (Texas Administrative Code 2011). AAA must also comply with the DADS regulations outlining their performance contracts to ensure that they get to keep their allocated funds (similar to WS and HCV). If AAA funds are deemed unallowable and repayment must occur, AAA then forfeits future allocation of those funds as part of the guidelines established by the TAC.

The Budget Submission process for the Area Agency on Aging is primarily regulated by the Older Americans Act and DADS. Every fiscal year, AAA must submit their annual budget to DADS in accordance with DADS requirements and then must resubmit any alterations to the outlined budget, including the changes requested by DADS, before it can be approved. Because of the mix of federal and state regulations over the budgetary process, AAA must do the following to ensure an appropriate budget is submitted:

- Provide funds and in-kind contributions, in accordance with the Older Americans Act, §304, to match the expenditures of federal funds made to DADS for the cost of providing goods and services; and
- Ensure that an appropriate portion of funds or in-kind contributions is generated to match the federal fund expenditure based on the cost of services it provides (TAC 4).

The AAA has the opportunity to use state general revenue funds to match other funds adopted under Title III, Part E of the Older Americans Act. However, they cannot use state general revenue funds to match any administrative funds (Texas Administrative Code 2011). Lastly, in regards to the Budget Submission process, “In accordance with the Older Americans Act, §306(a)(2), a AAA must expend funds appropriated under Title III, Part B of the Older Americans Act to meet an adequate proportion requirement, as determined by DADS” (Texas Administrative Code 2011).

Framework Barriers for HCV

Portability

The mobility of housing assistance or “portability” of the voucher serves as a crucial aspect to the Housing Choice Voucher Program. The Housing Choice Voucher Program utilizes a feature called “Portability” that allows an eligible family with a housing choice voucher to lease a unit anywhere in the United States where a public housing agency program exists (Public Housing and Section 8 Programs 2012). Section 8(r) of the 1937 Act allows Housing Choice Voucher recipients to choose a unit that meets program requirements anywhere within the United States. Currently, HUD requires a public housing authority to follow through on the following:

- A (PHA) must absorb a “portable” family
- Provide additional funding to a “receiving” PHA (the PHA in which the family moves to)
- Reduce the administrative fee earned by an initial or receiving PHA
- Transfer funding units from one PHA annual contribution contract (ACC) to another PHA’s ACC for failure to comply with portability requirements (24 CFR 982.355)

However confusing language within the 1937 Act hinders HUD’s ability to serve clients who move to a new jurisdiction. HUD intends to address the confusing language in proposed rule 24 CFR Part 982. This rule seeks to address confusion over funding between HUD and PHA’s (Public Housing Authorities) jurisdiction as well as clarify the meaning of “suspension” which HUD and Public Housing Administration officials interpret differently across jurisdictions. This rule change also seeks to improve accountability in “Portability” billing arrangements between PHA’s as well as increase family choice and reduce burden in locating suitable housing. Other stipulations in this rule change include definitional changes to clarify how PHA personnel interpret rules, new notifications to clients to deny moves to new jurisdictions, significant changes to the processing procedures for “portability”, and new terms for the “receiving” PHA to follow.

Who Pays the Cost for the Family in the New District?

When a recipient moves from one jurisdiction to another, an issue arises that involves payments between the initial Public Housing Authority and the receiving Public Housing Authority (Public Housing and Section 8 Programs 2012). Along with monetary issues, the ability of one particular public housing authority to absorb a lot of clients at one time presents an

issue. For example, if a significant number of clients all decided to move to one particular city, then the public housing authority for that city would deal with a shorter supply of housing and a significant addition to their housing wait lists. The coordination between the initial and receiving PHA in regards to different program requirements often presents complications for housing assistance in portability arrangements.

Definitional Changes

When a Public Housing Authority issues a voucher to a family, that family possesses a limited time window to find suitable housing. When that family finds suitable housing, they must submit a request to the PHA for approval (Public Housing and Section 8 Programs 2012). As mentioned earlier, this approval process takes time. Once initiated, the request is counted against the time allotted for the voucher's lifecycle. PHA's currently possess a choice in adopting a policy that would allow for suspension of the voucher term when the client submits a request for tenancy approval. This proposed rule seeks to revise the date on which the family submits a request for PHA approval of the tenancy until the date the PHA approves or denies the request. This change would require PHA's to "stop the clock" on the family's voucher in order to give the family the maximum time possible to locate a suitable unit and remove potential barriers to mobility. Without this change of definition for "suspension", families lose valuable time on their voucher while waiting for the PHA to complete the Housing Quality Standards inspection requirements that make a determination of approval or denial of tenancy. This proposed change would give families the maximum amount of time to relocate.

Requirement of Communication between PHAs

If a family chooses to move under the proposed rule, the initial PHA administering the family's voucher would be required to contact the receiving PHA to determine if the receiving

PHA will bill or absorb the voucher. This proposed rule change would require the medium of communication by both PHA's, to be done by email or other confined delivery method. The PHA can then expedite the notification process to the family as communication will now be required between the receiving and initial PHA. The communication and documentation requirement also redistributes the administrative burden on the front-end of a family move, and prevents future disputes between PHA's regarding the billing of individual families. This rule change will also prevent families from engaging in costly inter-jurisdictional moves prior to a final determination of receiving assistance in their new jurisdiction.

When a receiving PHA agrees to absorb a family, the initial PHA would rely on this proposed agreement and plan its annual budget accordingly (Public Housing and Section 8 Programs 2012). If the initial PHA does not possess enough funds to cover the cost of the voucher in the receiving PHA jurisdiction, the family must either relocate back to the initial district or they may lose their assistance entirely. If a receiving PHA decides to absorb the family, the receiving PHA cannot reverse its decision at a later date without consent of the initial PHA. Presently PHA's have been known to absorb a family and then change their mind, which can devastate a family that already moved to the new jurisdiction. This requirement will provide PHA's with consistent information necessary to plan financially and to better serve families.

Performance Measures

The reporting requirements for HUD tells PHA's how their performance will be measured and what standards HUD expects local PHA's to adhere to (U.S. Department of Housing and Urban Development 2001). PHA managers help staff understand priorities so they focus on key issues by identifying performance measures. HUD uses data from the Multifamily Tenant Characteristics System (MTCS) to monitor and assess each PHAs performance. HUD

uses the MTCS to score five indicators in the Section Eight Management Assessment Program (SEMAP). This provides documentation for budget reviews and funding decisions. HUD requires PHA's with 100 units or more to submit data to MTCS at least once a month, PHAs with fewer than 100 units must submit data at least once per quarter.

HUD requires PHA's to submit data for each of the following actions:

- Voucher issuance
- Voucher Expiration
- New Admission
- Annual Reexamination
- Interim Reexamination
- Portability move-in
- Portability move-out
- End of participation
- Other change of unit
- FSS enrollment or exit

HUD also requires PHAs to submit a data collection form (HUD-50058) for all families enrolled in the housing choice voucher program (U.S. Department of Housing and Urban Development 2001). HUD considers an 85 percent reporting rate as acceptable. PHAs that fail to achieve the minimum reporting rate face possible sanctions. HUD measures MTCS reporting performances from June 30th to December 31st each year. A PHA that will not meet 85 percent reporting on those dates may submit a written request for forbearance. Forbearance requests must explain why the PHA is unable to meet the reporting request timeframe, and must also include measureable monthly goals for improving reporting performance.

PHAs that receive a granted forbearance, but fail to meet the minimum reporting requirement by the end of the next semi-annual reporting period, face a targeted review by HUD (U.S. Department of Housing and Urban Development 2001). Typically, PHAs that fail to meet the 85 percent qualification will be subject to a 10 percent reduction in the on-going administrative fees for each of the six months of that period. HUD requires PHAs to certify one each year to the performance level the PHA has achieved for each SEMAP indicator.

Utilization

Under HUD's regulations if a PHA did not lease 100 percent of the vouchers contracted in its Annual Contributions Contract (ACC), or did not spend 100 percent of the funds contracted under its ACC, then the PHA did not utilize all of the resources provided for its program (U.S. Department of Housing and Urban Development 2001). HUD considers this type of program "underutilized." Thus, the PHA may be penalized accordingly with a lower SEMAP score and a recapture of its voucher funding. When Congress reviews requests for additional funding for housing assistance the following year, they may assess that no real need for housing assistance exists or there is an inability of the PHA to deliver the funds to families in need. HUD possesses a responsibility to Congress to ensure that the funds authorized for housing assistance are used to assist the maximum number of families.

The utilization of resources by a PHA is measured at the end of the PHA's fiscal year. Utilization of contracted funds (annual budget authority), is the percent of funds contracted for one year that have been expended for housing assistance payments by the PHA. HUD expects a high performing PHA to maintain an average utilization rate at or above 98 percent. A PHA achieving a standard level of performance is expected to maintain its utilization at 95 percent or above. Utilization below 95 percent will result in a failing score on SEMAP Indicator 13, Lease-

up. An agency with utilization below 95 percent cannot receive new unit allocation and cannot be rated as a high performer under SEMAP. The administrative fee reserve at a PHA with a lease-up rate below 90 percent is frozen until utilization improves. If a PHA's utilization rate falls below 90 percent of the units contacted and annual budget authority, the agency risks losing a portion of its funding at the time renewal funding decisions are made. HUD will issue the PHA a warning. The warning will require the PHA to increase leasing to 95 percent of contracted units by the time of its second budget submission after receiving the warning. If the PHA fails to meet the required goal, its unexpended annual budget authority will become subject to reallocation.

SEMAP measures utilization by dividing the average number of units leased through the year by the number of units under contract. Indicator 13 is one of the three indicators HUD has identified as particularly important by assigning them 20 points. To receive all 20 points for Indicator 13, a PHA must have a utilization rate of 98 percent or better. To receive 15 points, a PHA must lease 95 percent of its units. A PHA with a utilization rate below 95 percent will receive no points for Indicator 13. A PHA with a utilization rate below 95 percent will not be identified as a high performer, regardless of its overall score. Additionally, it will not be eligible to receive new unit allocations which create more utilization barriers for the BVCOG to overcome.

HUD Regulations Preventing the Sharing of Financial Resources

HUD stipulates in their regulations that PHAs must utilize funding allocated to them from HUD specifically for housing related purposes. This inhibits local jurisdictions from attempting to integrate housing programs with other programs because they cannot share personnel or utilize the same intake system for multiple programs outside housing. The

following will point out the specific regulations which inhibit integration of housing programs with other local human service programs:

982.151 Annual Contributions Contract.

(1) An annual contribution contract (ACC) is a written contract between HUD and a PHA. Under the ACC, HUD agrees to make payments to the PHA, over a specified term, for housing assistance payments to owners and for the PHA administrative fee. The ACC specifies the maximum payment over the ACC term. The PHA agrees to administer the program in accordance with HUD regulations and requirements.

982.153 PHA Responsibilities.

The PHA must comply with the consolidated ACC, the application from HUD, and other requirements, and the PHA administrative plan.

982.158 Program Accounts and Record

(a) The PHA must maintain complete and accurate accounts and other records for the program in accordance with HUD requirements in a manner that permits a speedy and effective audit.

The George W. Bush Administration's Proposal for State Block Grant Programs

Under current standards, the local program administrator for the Housing Choice Voucher Program pays the landlord the difference between an agreed-on rent for the unit, and 30 percent of the household's income (Khadduri 2003). The program's costs, both the subsidies paid on behalf of households and the salaries and expenses of local administrators, are part of the

federal budget and are appropriated by Congress each year for the Department of Housing and Urban Development (U.S. Department of Housing and Urban Development 2001).

The Bush Administration proposed to turn the voucher program into a block grant called the Housing Assistance for Needy Families (HANF) to be administered by the states. The proposal intended to provide a context to examine the concept of converting the Housing Choice Voucher Program to a state block grant (Khadduri 2003). Under this proposal, an annual amount would have been allocated to the 50 states, the District of Columbia, and the U.S. Territories. The Bush Administration's proposal for turning the voucher program into a block grant to the states, points to the problems some local administrators face in using the full amount of voucher funds allocated to them. The justification for the block grant in HUD's budget summary for FY 2004 argued that smaller number administrators with large program and greater flexibility would be in a better position to use program resources (U.S. Department of Housing and Urban Development 2003).

When HUD and Congress became concerned about the underutilization of voucher funds, the cautious practices of PHA financial managers were difficult to change (Finkel 2002). For many PHAs with low utilization rates, the problem was that program staff did not have a systematic method for determining the number of vouchers they needed to issue in order to use all available funds. HUD commissioned a study to look at reasons for low utilization rates. They found that the quality of the PHAs management of voucher programs affected utilization.

Confusion of Adhering to Multiple Agencies

Two studies on PHAs conducted in the late 1990's found that many PHAs were one of three agencies that took applications from households, inspected housing units, and signed leases

with landlords in the same locations (Feins et al. 1997, Hughes 1997, & Finkel 2002 in Khadduri 2003). These agencies coordinated their payment standards and other program rules. To mitigate confusion within one jurisdiction, state administrators of the voucher program would choose a single agency, a state administrative entity, a local PHA, or another contractor, to act as the responsible entity for all vouchers used in a particular geographic area.

Coordinating Vouchers with Welfare and Social Services

In 1999, Congress appropriated funds for a Welfare-to-Work Voucher Demonstration program to help those in choice based housing assistance find and retain work (Khadduri 2003). Implementation of the original concept of the Welfare-to-Work Voucher Demonstration showed mixed results. Many PHAs only allocated vouchers to families meeting the basic eligibility criteria (current or recent of TANF assistance or eligibility for TANF). Few PHAs attempted to target vouchers to those for whom housing assistance provided crucial assistance through welfare agency programs (Smith & Johnson 2000; Wood & Patterson 2001).

Unintended Consequences of Policy Changes

Under the Work Opportunity Reconciliation Act created by TANF in 1996, 27 states implemented major waivers, and a body of knowledge produced by evaluations of early welfare experiments came about (Schoeni & Blank 2000 in Khadduri 2003). In 1996, Congress created a waiver authority known as the Moving-to-Work (MTW) Demonstration. This authorized HUD to select up to 30 PHAs that would grant flexibility in implementing the voucher and public housing programs. One of the significant variations PHA could pursue included employment incentives from current laws and regulations. HUD actually only granted flexibility waivers to 21 PHAs who made changes to their public housing programs. Of that group, only a few made changes to the terms of the voucher program subsidy.

Funding Instability Undermines FSS

The Family Self-Sufficiency Program (FSS), created by Congress in 1990, seeks to help promote employment and boost the assets of low-income families receiving federal housing assistance (Cramer and Lubell 2005). Funding allocation problems hindered the effectiveness of the FSS Program in recent decades. Currently, funding for FSS is provided through four separate HUD accounts with separate funding for escrow accounts and program coordinators in both the public housing and voucher programs.

FSS Faces Many Challenges

Family Self-Sufficiency (FSS) complements the HOPE VI program, implemented by HUD to address severely distressed public housing, by adding a strong financial incentive for families receiving CSS (Community and Supportive Services) case management assistance (U.S. Department of Housing and Urban Development 2005). CSS case managers essentially do most of the work necessary to satisfy the case management responsibilities of the FSS program. Research showed when these two programs combined services provided effective results in attaining self-sufficient families.

Some families show reluctance to the sign up process because of the new rules and responsibilities (U.S. Department of Housing and Urban Development 2005). These clients may view the new rules as a hassle, and that the new program does not present a value that is worth their time. Others may simply show no interest in attaining self-sufficiency.

Earned Income Disregard

The mandatory earned income disregard makes FSS somewhat more complicated for households, that include a person with a disability, in the Housing Choice Voucher Program. As long as a household is in the initial one-year disregard period of 100 percent of earnings/income,

the household does not accrue for the family's FSS escrow account (which every FSS client maintains) because the household's rent did not increase. This presents an issue with how to market FSS to families subject to the earned income disregard. Finally, participants only accrue FSS escrow when their rent goes up, so they won't accrue any additional escrows once they become subject to ceiling rent (U.S. Department of Housing and Urban Development 2005).

Internal Administration

Internal coordination within housing agencies (FSS with CSS, Community and Supportive Services) requires a fair amount of internal coordination within a housing authority (U.S. Department of Housing and Urban Development 2005). To ensure the escrow accounts for clients are calculated correctly, the accounting and financials departments of the housing authority need to be involved in the process. Some housing authorities found that it works best for the HOPE VI accountant or property management staff to track the escrow account while others utilize the housing authority's regular accounting departments. The immediate pay-off includes the ability to offer a financial incentive to those participating in the program.

Shortage of FSS Case Managers

Some housing agencies report that they cannot take on additional FSS clients because their current FSS case managers are already working with a full caseload. This presents an opportunity for HOPE VI and other programs to assist in offering services to clients. Case managers from HOPE VI can take on clients who need assistance, which can free up case managers from FSS to deal with other clients. Also, instead of utilizing two different case managers for one client, the case manager from HOPE VI can act as the case manager for both programs with the same client which would also free up FSS case managers to address other needs.

Limited Number of FSS Slots

Some housing agencies refrain from enrolling additional HOPE VI clients in FSS because of the agency's limited number of FSS slots (U.S. Department of Housing and Urban Development 2005). However, PHAs can modify their slot numbers and expand the size of their FSS program by simply submitting an "Amended Action Plan" to HUD. Unfortunately many PHAs overlook or forget this course of action when considering how to improve their FSS program.

Training

The primary responsibility of an FSS case manager entails helping FSS participants access services they may need to increase their earnings and achieve individual goals identified by the participants. As FSS case managers maintain substantial knowledge of HUD and PHA regulations, other case managers seeking to help clients such as those from HOPE VI, may not possess a well-rounded understanding of the regulations they must follow. Hence, FSS training for all staff involved in FSS programs would provide beneficial outcomes to PHA administering FSS programs.

Funding Issues

Section 8 Escrow Accounts

FSS Escrow Accounts provide the ability for program participants to build savings as a major component of the FSS program. These escrow accounts are funded as one component of the housing assistance payments (HAP) funding provided by HUD to state and local housing voucher programs. Unfortunately, the new procedure that went into effect in FY 2004 to allocate HAP funds imposed unintended negative consequences for local FSS programs. Instead of

receiving reimbursement for their actual program costs, housing agencies now receive a flat dollar amount based on the prior year's spending plus an inflationary factor. Under the new funding mechanism, many voucher programs received insufficient funds to cover their actual program costs.

The authors emphasize the need for HUD and Congress to avoid adverse consequences of voucher funding mechanisms so that housing agencies should never have to cut families from their programs in order to participate actively in FSS programs.

Public Housing Escrow Accounts

Housing agencies are reimbursed for the escrow costs of FSS participants in public housing through the public housing operating formula (Cramer and Lubell 2005). While this funding mechanism appears to work well, there are two problems to address. First, many housing agencies appear to be unaware of how HUD provides funding for FSS escrow accounts for public housing residents. This is a likely cause of the low participation rate of public housing residents. The authors Cramer and Lubell, in their article *The Family Self-Sufficiency Program*, stressed the need for public housing staff to possess knowledge on how HUD funds FSS escrow accounts. They also stressed HUD and Congress' need to adequately fund public housing programs, so that any new funding formulas to reimburse PHAs, would also cover the costs of FSS escrow account contributions.

Funding for FSS Program Staff

The costs for Section 8 FSS Coordinators are covered by a set-aside housing voucher that is awarded competitively through an annual Notice of Funding Availability (NOFA). Due to changes in the way these funds were awarded in 2004, nearly one third (256 of the 771 agencies) of those that received funding the prior year, lost all FSS coordinator funding from

HUD. The proposed solution from the authors (Cramer and Lubell) stated that HUD needed to restore funding for FSS Coordinators at agencies and greatly improve the reliability of annual funding. At a minimum, each housing agency (and each region within a state housing agency) should get funding for at least one FSS coordinator. Funding for additional coordinator slots should be awarded in a predictable, reliable manner.

Funding for FSS Escrow Accounts

HUD attempted to change the funding source for FSS from the Public Housing Operating Fund, to a competitive funding process through a section of the Resident Opportunity and Self-Sufficiency (ROSS) program. However in awards announced in February 2005, HUD only awarded \$5.7 million of the \$16 million available funds for public housing FSS coordinator costs. Another solution offered by the authors, Cramer and Lubell, states funding for FSS coordination needs more predictability and reliability (2005). One proposed course of action included the authorization of housing agencies to pay for the cost of an FSS coordinator position through the public housing operating fund. Then they could make extra ROSS funds available on a competitive basis to agencies with additional FSS Staff.

Income Targeting Requirements

At least 75 percent of families admitted to Housing Choice Voucher Program's must possess incomes at or below 30 percent of the area median income. Regulations do allow a limited amount of flexibility in this requirement. PHAs can deviate from the 75 percent extremely low income target during the fiscal year as long as the target is met by the year's end (Housing Choice Voucher Program Guidebook 2001). A PHA may admit a lower percentage of extremely low-income families with HUD approval. Such a low percentage must be consistent with the agency's PHA plan.

Section 8 Current Subsidies

The upper income limit for a family of four looking for housing assistance is 80 percent of the area's median income (Cutts 2001). Reducing this income limit by a percentage that is the same throughout the country yields the upper income limit for a smaller family of a particular size. Likewise, the upper income limit for a larger family is obtained by increasing the area's four-person limit by a nationally uniform percentage. To receive a housing voucher, the voucher holder must find a unit that rents for less than a stated ceiling, which is dubbed "the Fair Market Rent" or FMR. The Fair Market Rent determines the subsidy received, but does not limit the total rent of the unit.

Due to legislative mandates, the tenant-based Section 8 Existing Housing Program targets its assistance on the poorest families to a greater extent than other housing programs (Cutts 2001). Thirty four percent of the families who receive tenant-based vouchers and certificates are above the poverty line (Cutts 2001). While 70 percent of families below the poverty line do not receive housing assistance from any HUD program (Cutts 2001).

The FMRs help to determine how many families can be served with a fixed budget for the local PHA. If the FMR is decreased, the maximum subsidy available to an eligible family will fall (Cutts 2001). Since the program operates on a fixed budget, a FMR reduction would mean the housing choice voucher program could serve more eligible families. The Fair Market Rent also determines the gross family income at which the subsidy is zero, which is the implicit upper income limit for eligibility. If this income is below the explicit upper income limit for eligibility, then reducing the FMR purges those eligible with the highest incomes from the program and automatically directs more assistance to the poorest.

Effects of Lowering the Fair Market Rents on Income Targeting

Reducing the FMRs by the amounts suggested, would have removed from the program the least needy of the families eligible in 1989. Reducing FMRs by the amounts suggested would also substantially lower the maximum subsidy available to the families that remain eligible to receive a subsidy. The mean reduction for families in these cities in 1989 would have been about \$2650 per year (Cutts 2001). This would obviously make it possible to serve many additional families with the same budget.

Although reducing the FMR has an advantage in terms of targeting assistance on the poorest eligible families, the avoidance of offering assistance to some families while denying it to other families with the same characteristics has raised several objections. The effect of Fair Market Rents on success rates has been the dominant consideration in the policy debate concerning their level. The reason for this dominance is that housing authorities lobby vigorously for higher FMRs. Their motivations are easy to understand. With a given number of vouchers allocated to a housing authority, higher Fair Market Rents in a locality allow the housing authorities in that area to provide larger subsidies to their clients at little cost to local taxpayers. Higher FMRs also increase the success rates in the area and hence reduce housing authority's workload without reducing its administrative fee.

A reduction in FMRs will reduce the demand of current voucher recipients for the extra amenities provided by their units, and the market response will be to decrease the desirability of some of the units that meet the standards (Cutts 2001). At current FMR levels, there are many families willing and able to use vouchers than can be funded with the current budget. As a reduction takes place to FMRs, the number of families who want to participate will decline and waiting lists will shrink. A reduction to FMRs would sufficiently adjust the number of families

served so as to spend the same amount on the program. All families who want to participate on the terms offered will receive assistance.

Under current rules and budgets, funds have not been sufficient to serve all eligible families willing to participate in the program. Public housing agencies have not limited assistance to the poorest eligible families. Instead, they serve many families above the poverty line while denying assistance to the majority of those below it (Cutts 2001). A simple proposal for targeting more assistance to the poorest families by eliminating the horizontal inequity resulting from offering assistance to some is to decrease the subsidy at each income level by the same amount. One objection to this proposal is that the poorest eligible families would not be able to find units meeting the program's space and quality standards if subsidies were lower.

Quality Housing and Work Responsibility Act (QHWRA)

New federal income-targeting requirements established under QHWRA ensure that the nation's neediest families continue to receive first priority in the allocation of tenant-based housing assistance (Soloman 2005 in Dawkins 2007). These requirements state that no less than 75 percent of any local PHA's admissions to the HCV Program shall be families with extremely low incomes (ELI's). The first uniform federal standards defining the low-income families that would be eligible to receive assistance under the Section 8 Existing Housing Certificate Program were adopted with the Housing and Community Development Act of 1974 (Dawkins 2007). The income-targeting requirements under QHWRA state that at least 75 percent of new admission to the HCV program must be ELI families. These new income-targeting requirements were written into Title V, Section 513 of the Quality Housing and Work Responsibility Act of 1998.

Creaming in HCV

Program administrators see substantial incentives for creaming, that is providing voucher assistance to relatively better off families. The incentives for creaming have only increased in recent times with greater pressure on program administrators to show greater shares of their clients earning income from work and to show “income-mixing” among their clients. Inequities increased as a result.

The housing choice voucher program continues to be a partial-coverage program that serves less than 30 percent of eligible renters in poverty (Kutty 2004). It is clear that most of the neediest families are currently not being served, and the program does not have the funding necessary to serve the neediest families and other low-income families. It appears that an unassisted household, who applied for a voucher with a local PHA, needs a degree of continuous engagement with the PHA in order to remain on the waiting list. According to the U.S. Department of Housing and Urban Development, “PHAs with long waiting lists generally purge the list periodically by sending applicants a request for confirmation of their continued interest in the voucher program and dropping them from the list if they do not reply” (2003). This implies that households who have moved are likely to get dropped from the waiting list. With long waiting lists and a low probability of selection, many households could easily be discouraged from maintaining continuous contact with their local PHA. It is possible that also in the case of the housing voucher program, households have been discouraged from applying not only by the low probability of obtaining the assistance, but also by caseworkers who have pursued certain agendas which can be described as creaming.

Study Conducted on FSS Impact across the County

The National Affordable Housing Act of 1990 authorized HUD's Family Self-Sufficiency program (Rohe & Kleit 1999). This act requires housing authorities to develop FSS programs designed to coordinate public and assisted housing with other public and private resources. This helps low-income families reduce their dependence on welfare and housing assistance. Starting in FY 1993, each PHA was required to create an FSS program and enroll a number of participants equal to the total number of new public housing and Section 8 units reserved for that authority. The essential elements of the FSS program include:

- Program Coordinating Committee (PCC)
- The voluntary participation of resident families
- A contract of participation
- Case management
- Escrow savings accounts

A second major element of the FSS program consists of the voluntary nature of family participation (Rohe & Kleit 1999). Voluntary participation has two implications for program implementation. First, some FSS programs may have problems attracting program participants because residents may be afraid even to consider leaving the security of housing assistance. Second, the lack of screening for income, education, or previous job history may mean that many participants will enter the program lacking the skills necessary to make the transition to self-sufficiency in five years. The third element of the program is a contract of participation. Selected participants enter into a contract that specifies their responsibilities along with a set of interim and final goals. Case management makes up the fourth element of the study of the FSS program.

The data found in this study found that most of the existing FSS programs target Section 8 assistance recipients (Rohe & Kleit 1999). The size and focus of the FSS programs are determined by the number of new public housing and Section 8 units funded by HUD after FY 1993. The reasons offered by FSS coordinators for this reluctance to participate are similar to problems offered by the tenants themselves that were found in an earlier study of Gateway problems (Rohe 1995 in Rohe & Kleit 1999). The results of our mail survey indicate that fear of leaving public, or Section 8 housing, or losing other benefits is the most frequently cited obstacle to program participation. A full 65 percent of the program coordinators mention this obstacle.

Additionally, a third of the coordinators mention that prospective Section 8 participants were unwilling to sign contracts that might have required them to relinquish their certificates or vouchers for failing to live up to the terms of their contracts. Slightly more than half of the program coordinators in our mail survey reported that family responsibilities are another obstacle to entering the program. Another frequently mentioned obstacle involved cynicism and distrust. Other factors mentioned in the study include the lack of motivation (18 percent), or specific child-care or transportation problems. FSS personnel see motivation as a key criterion for which to screen prospective clients for FSS services. A full 74 percent of the respondents say they screen based on participant motivation to achieve self-sufficiency.

The results show that the most frequently cited reasons for failure to finish the program are lack of motivation (67 percent), personal problems (54 percent), child-care responsibilities (52 percent), moving to a new location (25 percent), lack of access to transportation (19 percent), and illness (18 percent). Program coordinators also were asked to react to a list of problems they may have experienced in the past year. That list contained the following problems: turnover in key staff, lack of support among participating agencies, little interest among eligible people,

participants losing interest after being in the program awhile, under staffing, and lack of job opportunities for graduating participants. The most frequently cited problem is lack of interest among eligible people. A full 41 percent of the coordinators see this as a major problem and an additional 34 percent see it as a small problem. Additionally, almost three quarters of the coordinators are having some trouble attracting people to the program. One coordinator described the problem this way: “It has been difficult getting Section 8 participants interested in the FSS program. Most feel that they are receiving assistance and do not need to work for it.”

Chapter 4

Models of Service Integration: A State-by-State Report

A report that presents a range of social service integration models that other States have used to work within the federal laws.

Human Integration Scale

Human service programs deliver various benefits to the vulnerable population groups. While they frequently share target groups and have the same goals in mind, programs are usually planned and administered in silos: they have distinct streams of funding, different regulations and professional norms. However, for the last several decades, state and local governments have made extensive efforts to integrate human service programs and serve clients more efficiently and effectively. Corbett and Noyes developed a three-Level framework of human service integration (2008):

Level 1 – Better communication across programs defines the integration system at Level 1. Through purposeful efforts, personnel of existing programs get information on one another's services and regulations. Sometimes they share joint training and group meetings. Frequently, new technologies help staff to share information and better serve their clients. Increased awareness of other programs may lead to changes in the way programs are administered locally. However, such cooperation rarely culminates in new formal protocols or substantive transformation of delivery systems of existing programs.

Level 2 – At this stage, formal agreements or memorandums of understanding bridge the gaps across various programs. Missions and outcomes begin to cross the lines of previously separated programs. Programs develop joint service and management protocols that enable personnel to identify clients' needs upfront, track them along the service delivery systems, monitor progress and outcomes, and resolve conflicts that may arise from intersystem differences on how best to serve citizens. Programs still have their individual budgets and separate core management teams.

Level 3 – Individual identities of programs become blurred. Key functions such as personnel, budgeting, monitoring and evaluation merge across programs. Clients and the public find it more difficult to differentiate which agency and program they deal with. Program boundaries become obsolete. Clients' needs, not the program identities, become the driving force that organizes how the service is delivered and how the whole system operates.

Brazos Valley Council of Government

The Brazos Valley Council of Governments (BVCOG) has identified the Area Agency on Aging (AAA), the Housing Choice Voucher (HCV) program, and Workforce Solutions as the programs with the most potential for integration. These programs inform and help the elderly population through AAA to provide them with food and legal advice, provide housing to homeless and poor families through HCV, and train unemployed people and/or seek jobs for them through Workforce Solutions. The BVCOG leadership recognizes that these programs often serve the same clients and sometimes deliver similar benefits. For instance, HCV may also provide job training for its clients who apply for the housing vouchers. AAA offers employment opportunities to the elderly population who are able and willing to enter the workforce. However, clients have to undergo tiresome application procedures every time they want to enroll in different programs even though all of them are housed in the same building. The mid-Level managers of the three programs are aware of the need for collaboration to save money, to improve the client experience and to enhance the effect of benefits through a synergistic approach. So far, the collaboration at BVCOG carries an ad hoc character and it is not formalized through service protocols and creative use of software systems.

As of the spring of 2014, the BVCOG currently resides at a Level 1 when evaluated on the scale of the integration framework developed by Corbett and Noyes. This assertion has been confirmed by multiple managers at the BVCOG. At this stage, they have exercised communication between departmental managers and their employees regarding clients and services. Program staff conducts monthly Triage meetings where members from all three agencies discuss relevant operational updates, budgetary issues, common problems, and current cooperative case reviews. In addition, the BVCOG also carries out an informal agreement of service with Project Unity in which they serve many mutual clients who are not currently ready to receive services at the BVCOG. Essentially, this is a pathway across agencies for the betterment of those seeking hope and relief. Project Unity is able to coordinate these individuals due to a less restricted funding paradigm. According to the informal agreement, the BVCOG utilizes training to operate service integration software, called Intake One, provided by Project Unity.

The BVCOG has initiated other factors which will lead them closer to Level 2 on the scale of integration. Workforce Solutions has 17 existing inter-agency agreements in addition to agreements with HCV. By creating memorandums of understanding, the door is open for establishing formal protocols that enable a high level of service integration as found in Level 3. These actions reduce the ambiguity of responsibility between agencies and encourage efficiency by establishing clear lines of operation. At this point the three programs do not have access to a coordinated IT programming authority, which leads to a failure in establishing a multi-agency, multi-task, and a multi-discipline service plan. The BVCOG is on a path to develop joint service and management protocols that enable personnel to identify clients' needs upfront; however,

they have yet to formally install protocols amongst agencies and a software system to support such initiatives.

California - San Mateo County

San Mateo County, California attempted to integrate the administrative side of human services by implementing the use of the SMART (Service Management Access to Resource Tracking) card. San Mateo officials took the unusual route of working with Hewlett-Packard to develop the system in the late 1990's. The SMART card is a data tracking system which keeps track of service needs, case narratives, information of the assigned caseworker, and it displays information on the availability of programs and services with eligibility requirements (Ragan 2002). The SMART card includes the use of a magnetic strip to track the use of employment-related services. When a client comes to San Mateo County's *Peninsula Works* office for employment-related services, the county issues a card and each time the client uses a service, such as using a computer to search for jobs, managers are able to monitor the frequency and types of services accessed by clients. As of 2006, 18 other counties in California utilized the SMART card for various services offered by their respective organizations. As of 2014, San Mateo County's *Peninsula Works* Office continues to use the SMART Card to streamline the information gathering process; however, the SMART Card has been limited to use for employment related services and has not expanded to other human service programs as San Mateo Officials had hoped.

San Mateo's use of the SMART card software provides an electronic monitoring system for their information sharing procedures. The SMART card software gives San Mateo administrators the opportunity to implement cooperative monitoring of clients, but beyond

minimal communication coordination and cooperative efforts, there is minimal service integration. Based on the existing integration efforts, San Mateo County is assessed as a Level One on the Service Integration Scale developed by Corbett and Noyes.

Georgia – Bibb County

Bibb County, Georgia, provides an example of local service integration in a unique way. Bibb County human service delivery agencies banded together and formed collaboratives as an effort to integrate service delivery. Sixteen independent agencies and organizations joined and relocated into a close proximity to provide the “one-stop-shop” complex effect. Locational proximity provided Bibb County an opportunity to reduce the number of community members that are dependent on welfare assistance through the improved access to multiple service options. Those involved in the integration of Bibb County human services outlined several success factors: case load specialization, cross-training of staff and employees, location organization, and the use of collaboratives (Ragan 2002). Georgia qualifies as a Level Two on the relationship intensity scale developed by Corbett and Noyes. Bibb County is a two because of their use of formal coordination, including interagency agreements, joint training initiatives, personal reassignments based on case load and case management, a single intake process, common case management requirements, and overarching collaboration.

Kentucky – Jefferson County

Neighborhood Place, the community-centered human services system in Jefferson County, Kentucky, is the result of a decade long effort to integrate and improve services for local residents. Neighborhood Place is the “nation’s longest-running partnership of public sector agencies to create a network of community-based, one-stop-shop service centers for families and

children” (Neighborhood Place 2009). The partnership that formed Neighborhood Place was established in November 1993 as a multi-service center to improve accessibility to the citizens of Jefferson County. Currently, there are over 500 full-time staffed members from 4 major public organizations serving Neighborhood Place (Neighborhood Place 2009). The following figure illustrates the continuum of services provided in Jefferson County and the influence and role Neighborhood Place has within the collective efforts.

Continuum of Services to Family Economic Success



The Kentucky Cabinet for Health and Family Services pays for the operating expenses out of the state general fund, an estimated \$230,000 per year. These funds pay salaries for the employees at Neighborhood Place; the remaining funds are used to pay the Louisville Metro Housing and Family Services who then pass on funds to Jefferson County Public Schools. Streamlining housing assistance through Neighborhood Place has saved the Housing Authority in Jefferson County \$73,000 in one fiscal year (Ragan 2002).

The partners also developed a multi-faceted governance and organizational structure that facilitates cooperation among the partner agencies and local community residents (Ragan 2002). Integration within this structure consists of collaboration among partner agency employees at central locations. While proximity is a benefit because it provides the opportunity for clients to access expertise for each desired service, each department or agency still requires their own individualized paperwork. A grant from the USDA will soon improve the virtual interface of the eligibility screening and application process in Jefferson County through a reorganization of the intake process. EarnBenefits Online (EBO) will soon be available to the residents of Jefferson County as a way to “streamline eligibility screening, application submission, and tracking of submitted applications, first for food stamps and other federal benefits, and then for other benefits such as child care vouchers, tax credits, and LIHEAP” (Neighborhood Place 2009).

Neighborhood Place found that the majority of families visit their facilities for multiple reasons. Over 65% of the people that visit Neighborhood Place go for Food Stamp Assistance or Financial Assistance. Twenty percent visit for assistance with rent or utility payments, 17% visit for employment and career information, 11% visit to gain information about WIC, 10% visit to apply for subsidized housing, and 7% visit for child-care assistance (Neighborhood Place 2009).

Neighborhood Place has an existing unified action plan, in addition to regular Family Team Meetings, where information about clients is exchanged and is an attempt to provide case management services for cross-system collaboration. There is a strong environment of collaboration to support the coordinated efforts of multiple agencies, all-focusing on self-sufficiency and economic sustainability for the citizens of Jefferson County. Service integration in Jefferson County has been rated according to the previously discussed scale developed by

Corbett and Noyes as a Level Two because of the formalized partnerships, interagency agreements, personnel reassignments, and coordinated personnel qualifications. Jefferson County's efforts to integrate also include a common case management system and the future use of centralized administration software. Because of enhanced communication and cooperative efforts, Jefferson County is able to implement coordinated service agreements and integrated collaborative efforts that improves their level of integration.

Nebraska - (Locations in Lincoln, Seward, and Beatrice)

Nebraska presents a structure similar to the BVCOG in which local officials administer human services. One of the significant reforms Nebraska embarked on included the increase of case-worker responsibility by combining the intake process and eligibility determination (Associated of State and Territorial Health Officials 2013). Another significant reform came from the Nebraska Department of Health and Human Services when they merged several programs under the Infectious Disease Program to offer better services to patients within the state. This integration effort brought together the HIV Prevention Program, Hepatitis Prevention Program, HIV Surveillance Program, Nebraska's Ryan White Program, Nebraska's STD Program, and Housing Opportunities for Person with AIDS (HOPWA) Program (Associated of State and Territorial Health Officials 2013). One problem Nebraska officials incurred during the integration process was the caseworker's lack of knowledge of eligibility requirements (Ragan 2002). Officials embarked on a new training program to provide caseworkers with full information on the eligibility requirements for potential clients. The Nebraska Department of Health and Human Services also utilizes existing resources such as local health departments and family planning sites to match with their programs. Overall, this program presents a successful

case for integration as number of treated persons incrementally increased between 2000 and 2011.

Nebraska falls into Level 2 on the service integration framework scale developed by Corbett and Noyes because of their coordinated intake processes and eligibility determination procedures. The use of coordinated communication, cross systems dialogue, and joint training for employees indicates that Nebraska's service integration efforts are collaborative and centralized.

Ohio – Montgomery County

A system integration effort in Montgomery County, Ohio, located in the business district of Dayton has carried out efforts that place Montgomery County, Ohio at Level 2 of the systems integration framework. This effort placed 47 different agencies under one roof to provide better service delivery to clients in the area. The job center in Montgomery County, Ohio, changed the organizational culture to ensure that the separate programs and agencies merge into one structure. This initiative allows systems integration to become more seamless for consumers and helps programs and agencies dissolve their boundaries to place clients as their highest priority. Staff at the county-Level is involved only in the intake process where they screen clients to determine eligibility. They then refer the clients to case managers that serve as links to the services the clients need. According to Ragan, "this arrangement allows county staff to focus on eligibility and employment related issues, and facilitates determining other needs that may exist because clients are more likely to provide better information to non-governmental case managers" (2002). This Level of system integration allows the client to receive other services that are not offered by Montgomery County. Agencies have pooled their resources and have

created an integrated stream of funds so there is no shortage of funds to provide excellent services to clients. The agencies in Montgomery County are also in the process of developing an information system where the agencies will have equal access to all the information regarding their clients. This information can be shared with multiple agencies housed at the job center. Per Ms. Gayle Bullard, Director of Montgomery County Department of Job and Family Services (MCDJFS), the programs of initial contact provide referrals to clients if they require other services. The programs share information about a client among themselves after the client signs a waiver but there is a lack of voluntary information sharing among staff of different programs or agencies. The Montgomery County Job Center partners with Goodwill industries to supplement their services to clients with a history of substance and alcohol abuse. The only programs that carry out cross-training among their staff are the ones providing mental health services and programs providing services to domestic violence victims. Staff providing mental health services cross-train with staff from domestic violence programs in order to better understand the issues of the clients and provide efficient and effective service delivery. One of the collaborative initiatives carried out by the MCDJFS, called Targeted Community-Based Collaboratives (TCBC), establishes school-based, faith-based, and community-based networks to provide family planning services, referral services, family crisis intervention, and education opportunities. Through the TCBC initiative, MCDJFS partners with local agencies and conducts regular meetings to resolve problems within the community. They have yet to establish an integrated IT system or database for all the programs housed at the one-stop-shop job center in Dayton, Ohio because each program has its own database and they do not have access to other databases. Currently, MCDJFS does not have coordinated eligibility standards because they follow the standards established by TANF. The main problem identified by Ms. Bullard that created

hindrances in moving towards integration was the selection of current service providers housed in the job center. As the needs and situations of families in Dayton change, the job center is adapting to those changes and is currently re-structuring the job center to bring in new service providers and partners. Following the closure of a few manufacturing plants, the job market in Dayton, Ohio has shifted its focus to education. The job center is in the process of evaluating their partnerships and the programs presently housed in the center to focus their attention towards education.

California - Integration with help of a state legislature

Beginning in the late 1990's Humboldt County in rural northwest California sought to integrate local health and human service components. The first step of integration involved the creation of a vision of what an integrated system for Humboldt County would entail and how it would benefit residents of the area. Another critical factor for integration came from the state legislature in 1999 with the passage of Assembly Bill 1259 which provided the authority for funding and delivery of services and benefits through an integrated and comprehensive county health and human services system (Crandall 2011). This integration effort allowed Humboldt County officials to integrate six departments that included social services, mental health, public health, employment training, veterans' services, and public guardian to form the Department of Health and Human Services (Gutierrez, et al. 2012). To further allow the flexibility of funding for health and human services, the Humboldt County Board of Supervisors agreed to "de-couple" health and human service funding from the county general fund to the maximum extent possible.

Interviews with Humboldt County employees revealed six key steps to successful integration for local human service entities (Gutierrez, et al. 2012). The first key element is the

need for a shared vision among the multiple organizations. The second element for successful integration includes a focus on the whole family/person by employees of the organization and the realization of employees that their actions improve the lives of residents who desperately seek help. The third element is the need for integrated funding streams and shared resources along with the fourth element of reorganization of centralized and decentralized functions. The fifth step involves transformation through continual step-by-step engagement and partnerships with the community. Finally, the last and most important element identified by Humboldt County employees was the need for quality leadership who seek to integrate the services.

Humboldt County Department of Health and Human Services issued an update on their integration process in December 2013. The department made further efforts to offer a one-stop-shop to clients by assigning case workers to clients who can identify various service needs. When a case worker in Humboldt identifies that a client will need assistance with housing and employment, then that case worker helps the client with both the housing and employment programs. Humboldt County opened several branch locations in cities around the county which offer an array of services for child care, employment training, housing assistance, and general relief programs to offer a convenient “one-stop-shop” to residents who may not be able to travel to the main county office in Eureka, CA. Another innovative strategy utilized by Humboldt County includes the use of a “pooled” budget where each program under the DHHS pulls from the same funding source (Humboldt County Department of Health and Human Services 2013). Humboldt County would fall into Level 3 of Corbett and Noyes integration model because of their extensive use of fiscal consolidation and comprehensive planning. Humboldt County’s use of interagency planning, shared human capital, shared physical assets, pooled budget

contributions, and multiagency budget and service plan agreements indicate their enhanced level of integration and should be used as a model for other regional service providers.

Colorado – Mesa County

The Department of Health and Human Services established a one-stop-shop ten years ago which housed their 211 system, housing representatives and was joined by welfare development and workforce solutions in February 2014. An interview with Ms. Angeline Roles, the public information officer for the Department of Human Services, helped us compare their current operations to the proposed indicators in our scale of integration framework. The program managers at the one-stop-shop conduct in-person conversations and inter-agency meetings to share pertinent information regarding their programs and selected service recipients. Through these conversations and meetings, case manager of programs review cases and monitor client progress. They also carry out weekly senior leadership meetings with program managers in addition to weekly employee meetings to discuss current leadership methods and the culture of the organization. The one-stop-shop carries out formal agreements and memorandums of understanding that focus on aerial clinical services, child welfare, and Mind Springs health clinic. A unique element of this one-stop-shop is its cross-training method which is called the “cross-divisional projects” where managers from different programs collaborate on a common project to better understand each other’s work parameters and to build relationships. All the programs have contributed in creating a common mission statement and vision to highlight adopted values of the agency as well as the values of the clients. The Department of Human Services has a common intake form in place to make it as simple as possible for clients, but is in the process of creating coordinated eligibility standards for all of the available services at the

one-stop-shop. This coordination extends to the hiring process where managers from different programs and divisions form a panel to interview potential candidates to have coordinated personnel qualification standards. Ms. Roles stated that the agency has a great Level of coordination among the programs and its organizational structure. The Department of Human Services has created an intranet which serves as a common point of access for staff as well as managers to retrieve information. The agency shares common resources by integrating streams of funds that allow all the programs to separately access available funds.

According to the scale of integration framework proposed by Corbett & Noyes, this agency rates at Level 3 because they fulfill the indicators of inter-agency meetings and cross-systems dialogue/training for Level 1 in addition to fulfilling the indicators of joint mission statement/principles, cross-training, coordinated eligibility standards, coordinated personnel qualification standards, single application process, centralized functional administration, and coordinated IT authority at Level 2. Department of Human Services also fulfills the indicators of pooled resources and budgets at Level 3.

Missouri – Kansas City

The initiative to improve welfare service delivery in Kansas City differs from other agencies; the integration proposal is initiated from the bottom-up. The Local Investment Commission (LINC) is a local initiative started by local stakeholders to improve the way the Missouri Department of Social Services provides services to their clients. The efforts of the LINC were introduced concurrently with the state reforms in service delivery. LINC is in the process of developing jobs for welfare recipients through consolidation of four organizations:

full-employment council, the Division of Employment Security, Department of Labor, and the Women's Employment Network.

LINC has opened two job centers where unemployed citizens can receive benefits and tips to apply for jobs. LINC also developed a uniform system to share redundant client information with all of the Comprehensive neighborhood Services (CNS) centers. The integration effort of Kansas City is placed on Level 3 because the LINC is still focusing on strengthening inter-communication within agencies to improve service delivery. LINC is still in the process of establishing rules to better acquaint the agencies with each mission and value. LINC has proposed a new initiative where the organization administers a "wage supplement" which converts a welfare recipient's food stamps and cash benefits into funds to send directly to the recipient's employer. These funds are supplemental to the wages earned by the recipient at his/her new job. LINC brought changes in the welfare reform of the state of Missouri by opening two job centers through establishing contracts with local employment and training providers. LINC has partnered with the Jackson County Department of Social Services to bring organizational changes within the department to implement new policies which will seek to improve service delivery. LINC carried out the organizational changes by restructuring a professional development program for the frontline bureaucrats, by changing the organizational culture to implement new training procedures, and by helping Jackson County Department of Social Services to implement a decree for its child services. An interview with LINC's Mr. Brent Schondelmeyer, revealed that the organization is a publicly funded, non-profit organization which maintains its most important relationship with the State of Missouri. LINC partners with the Missouri Department of Social Services to focus on improving service delivery for children and families. LINC cross-trains its staff with the Missouri Department of Social Services to

encourage familiarity with projects and clients. LINC has a “Walk in My Shoes” campaign in which the staff from LINC and the Jackson County Department of Family Services spends a minimum of 16 hours making “home visits, following-up, and doing paperwork” (Center for the Study of Social Policy 1998). The Caring Communities Initiative, carried out by LINC, utilizes funds directed from TANF to fund activities in the community. The organization receives funding from the state and federal sources. Through these funds, the organization has created a common funding stream. They also proposed a “grant diversion program” in which clients were able to cash out welfare benefits and utilize them as wage supplements. LINC also partners with the Jackson County Department of Social Services in order to move from a command and control philosophy to a cooperation-style philosophy. LINC also has created a data warehouse which compiles data from different public and private data systems to overcome barriers of HIPAA and FIPPA rules. The data warehouse collects information from sources and allows LINC and other community partners to access it.

New York

The city of New York has put forth great effort on integrating its health and human services with information technology among nine city health services agencies and coordinating these agencies’ programs to provide better services and benefits to New York’s residents more effectively and conveniently. Approximately more than 3 million people that are socio-economically disadvantaged are receiving services from these agencies. This socio-economic group has a wide range of needs, which are complex and difficult to address because the city has limited ability to serve every client and their wide range of needs. New York City’s Health and Human Services (HHS) agencies found it challenging and redundant to access basic medical,

financial, and housing information on each client; however, this information is necessary to determine the eligibility of each client. To solve the crisis, the agencies needed to have an overall picture of each client's situation (National Institutes of Health 2009).

In 2005 the city initiated the Health & Human Service - Connect (HHS-Connect) program to integrate their social services, which has three programs: Worker Connect, Enterprise Case Management (ECM), and ACCESS NYC. HHS-Connect developed a web-based application for the residents to use self-screen technology to receive different service benefits. With the program's help, residents could receive information from more than 30 city and state human service benefits programs, print out application forms, and apply to get the services directly online (Mayor's Office 2013). Furthermore, the program also helped the city find technology solutions for service integration to be able to share client data from the agency's case management system. Worker Connect is an integrated portal that provides a central point of access to both clients and staff of HHS agencies. The enterprise case management (ECM) element of HHS Connect focuses on streamlining the screening and eligibility standards, improving case management, and enhancing contract management functions within and across HHS agencies. ECM enables the HHS Connect system to establish common case management protocols.

ACCESS NYC is website that allows clients to access a wide range of services offered by the city and the state. Responses from client-filled questionnaires are used to construct a list of programs that fit the requirements of the client (Mayor's Office 2013). HHS-Connect holds quarterly inter-agency meetings to ensure that the most accurate and up-to-date information is used as a response to the recurring changes. Part of their initiative to improve integrated service

delivery is visible through the adoption of their Virtual Client Service Center. This software enhancement works to improve the service delivery of integrated processes to all citizens.

The integration of information across agencies provides city caseworkers the most comprehensive view of the data from the shared databases and takes a shorter time to deliver services for the homeless and elderly. The program also provides a foundation for the case management system of the Department of Homeless Services and avoids work fragmentation and duplication. With a cross boundary vision and training, coordination of procedures, and collaboration of application process and case management, HHS Connect reformed the traditional social services delivery method and offered a way for the public agencies to operate effectively at the planning and the administrative level (Mayor's Office 2013).

According to the scale of integration framework proposed by Corbett & Noyes, this agency rates at Level 3 because they fulfill the indicators of inter-agency meetings, procedures for information sharing, and cooperative monitoring and case reviews for Level 1 in addition to fulfilling the indicators of joint mission statement/principles, coordinated eligibility standards, single application process, centralized functional administration, and coordinated IT authority at Level 2 as well as indicators of pooled resources and budgets at Level 3.

Chapter 5

Service Integration Impact Report

A report on existing research on the impact that service integration will generally have on important outcomes such as cost effectiveness.

General Outcomes

Service integration can be difficult to implement for several reasons, as previously discussed. State and federal regulations inhibit service integration at the macro level, while the inability to adequately train personnel and funding limitations obstruct integration at the micro level. Implementing service integration is difficult, but creating a sustainable service integration model is even more problematic (Corbett & Noyes 2004). Just as there is no single definition for human service integration, there is no defining outcome of the service integration process.

Attempting to define an ultimate outcome for service integration is impossible because of the nature of the process. Service integration is never complete and will always require adaptability and flexibility because it attempts to respond to ongoing changes in legislation, operation, and the ongoing reform mindset of decision-makers. The overall impact that service integration provides is best illustrated as the “means to an end.” The integration process itself focuses on the “means” or the development of coordination efforts of individual programs to work together to improve service quality and delivery. The “end” refers to the ability of the programs to efficiently assess and deliver all available services to individuals in a comprehensive or holistic approach. When social service agencies deliver services in a comprehensive method, it decreases the overall reliance and dependency on social services because client’s receive assistance that not only “band aids” their current situation, but help to improve it.

When health and human service programs can collaborate and integrate their services there are a number of impacts that can influence important outcomes including but not limited to:

- Increased opportunity
- Improved client/user experience
- Improved performance

- Cost savings
- Enhanced confidentiality
- Improved workforce efficiency
- Bending the Cost Curve
- Greater accountability
- Increased caseload capabilities
- Enhanced modernization

Increased Opportunity

When human service systems can integrate their dynamic components they create an opportunity for improved innovation. The opportunity to innovate impacts both service delivery and quality because of the potential for improved efficiency and effectiveness of program operations. Increased opportunity is an important impact because it puts program directors and managers in a leadership role that allows them to make decisions which directly reflect the wants and needs of their clients.

Improved Client/User Experience

Clients struggle to access and enroll in social services because of their lack of availability and time. Clients are often required to take time off work to apply for social services and, because that typically includes a loss in pay or the potential to lose their job, they forego the experience all together (APSHA 2012). Lost time and repeated office visits are major hurdles for clients to overcome when applying for social services; it is essential that social service offices improve the experience. Integrating service results in a reduction in paperwork, it also reduces duplication efforts on behalf of front-line employees and time spent waiting to be assessed for applicable programs. When service integration is implemented effectively, human service

personnel can assess the client for multiple programs at once through a streamlined application process that can greatly improve the client/user experience.

Improved Performance

Service integration provides a more comprehensive and organized method of maintaining information on individual clients. With service integration, program administrators and managers gain the ability to monitor clients. They attempt to provide preventative care and programs according to the client's particular needs. The overall performance of social service programs can improve with service integration because it allows the clients to be assessed in a more holistic way. Further, it can help create an environment of prevention, rather than reaction.

Cost Savings

Technological advancements in the last several years have made database and software systems more affordable. One of the key functions of service integration is the use of a single software system to coordinate and maintain all client data. As the cost of software systems decreases, the savings for government agencies increases. It is now easy to argue that it is more expensive to maintain all the systems independently, rather than adopting an integrated intake software system to manage all client information according to particular confidentiality regulations.

Enhanced Confidentiality

The advent of the "one-stop shop" received abundant praise as a primary function of service integration because it provides a reduction in the concern over client confidentiality. Clients benefit and indicate their satisfaction with the improvement in the intake processes as part of the one-stop shop because it alleviates the need to share their personal information with "different government agencies multiple times for different reasons" (DeSantis 2012).

Improved Workforce Efficiency

Service integration allows for the improved efficiency in the workforce of the agencies and programs because it reduces the duplication of effort among front line employees of each program. Technological advancements also reduce the overall administrative workload for employees; they can shift their focus from paperwork to caseload management.

Bending the Cost Curve

Extensive research of human service agencies indicates that the majority of individuals need multiple services to address their particular problems or issues. With the interrelated nature of individuals' situations, it is impossible for human services to decrease the cost of service delivery unless they integrate their programs.

Greater Accountability

Integrated programs provide for increased accountability because of the increase in the number of employees serving each client. Greater accountability is linked to cost savings and efficiency measures because it prevents waste, misuse, and fraud (DeSantis 2012).

Increased Caseload Capabilities

State governments and the federal government must operate within tight budget constraints. As the number of clients seeking social services increases, the amount of funds necessary to provide adequate service delivery increases as well. The integration of social services streamlines the administrative process and allows for an increase in the number of clients served while avoiding an increase in administrative funds. As case managers are free from the burden of administrative paperwork, they gain opportunity to increase their caseloads.

Enhanced Modernization

As technology advances and the overall efficiency of human service delivery increases, it is inevitable that the modernization of internal operations will modernize. The modernization of social service delivery presents an important milestone because it allows service integration to continually improve and react to the ever-changing political landscape of human social services.

The integration of human social services provides impacts at a general level, regardless of the particular system in place. Primarily, cost savings, improved efficiency, and the opportunity for innovation and expansion of service delivery highlight the important outcomes that can come when service integration is implemented effectively. As previously discussed, the overall sustainability of service integration is more difficult than the implementation but through the effective management of integrated processes, the accessibility and delivery of services will impact important outcomes.

State-By-State Impact Results

New York

As mentioned earlier, HHS-Connect provided the variety of clients in the city with more access to assistance. Service integration efforts in the areas of Access NYC, the Worker Portal, and the Enterprise Case Management Programs have led to a noticeable change for those inside HHS too. For example, Kristin Misner, an employee within the Office HHS, stated that “our government employees are developing better case practices because they now have more information and more access to the story about what is going on in the life of the individual or family” (2013 Annual report).

In Access NYC, the goal was to give clients in New York the ability to have their eligibility screened for over 30 city and state benefit programs (2013 Annual report). HHS improved access points to these programs via the friendly interface that can be accessed

anywhere the internet is available. Further, much of this information can be filled out anonymously in the beginning stages. From 2010-2013, Access NYC saw close to a 90% increase in the number of visits to their website. There was a 20% increase in delivered Medicaid services and a 35% rise in the SNAP assistance provided (2013 Annual Report).

The worker portal, Worker Connect, was released in 2010 as a way for caseworkers to have an integrated client case file and a common client index for matching across agencies. This portal has already had 2.7 million transactions completed in 2013. After only three years, workers now possess a broader and deeper understanding of clients' needs, they can process benefit applications faster, they can locate clients and collateral contacts more easily and thus can respond to needs more quickly. This portal also provides a way to continually evaluate themselves by having a feedback process.

The Enterprise Case Management system was created to streamline the screening and eligibility process by giving general case management and contract functions across HHS (2013 Annual Report). By 2013, they have trained over 4,000 clients, added 14 new staff members, and had zero security breaches within this system. Their goal also involved supporting the DHS CARES program and the Administrative Child Care Services program by offering cross agency services to eligible clients.

In summary, the New York HHS-Connect made many improvements to their service integration systems while notably reaching across silos for the betterment of client access, assistance eligibility, and administrative clarity. Their director has not stated that they have officially arrived at their destination; however, they are much better at making a difference to the variety of people within their region.

Kentucky

In 1990 the Kentucky state government passed legislation to enable the creation of a “one-stop shop” of service assistance for those in Jefferson County. Much like the BVCOG, this benefited many of the clients who lived in rural areas who could not travel to larger urban cities. As mentioned earlier, Jefferson County was listed as a “2” due to their formal agreements and the congregation of agencies in single locations.

A general survey of families that visited Neighborhood Places between 1998 and 2001 show a high degree of satisfaction with the facilities and the services that they received. In each of these four years, over 90% of families surveyed felt that their rights were respected and that staff were courteous and concerned (Ragan 2002). Further, since there was a child assistance component placed in schools (FRYSCs), attendance was found to have increased over a two year period ('97-'98).

In the case of Kentucky, the success of service integration at “one-stop-shops” seems to center on the rural or urban setting. For example, many families have reported that a higher familiarity with clients is found with Neighborhood Places in rural areas. Caseworkers agreed with this sentiment and have mentioned that they are, “able to help clients better because I know the neighborhood they live in, the churches they attend, where they can receive help for their problems at our NP but also at nonprofit agencies in this area of community.” (Barbee, Antle 2011). Other clients mentioned that the handoff between agencies was very helpful due to the stress that is usually involved with obtaining assistance.

Finally, there is less caseworker turnover in rural areas (13%) as compared to (44% in urban settings). This resulted in more money available to fund different aspects like training, computers systems, and retention. Conversely, the Neighborhood Place approach seems fragmented in an urban setting, such as downtown Louisville. Many workers have complained

that there is not a central computer system, and that they are usually unfamiliar with their clients on a regular basis. While there have been some successes for user access in the “one-stop-shop” format employed in Kentucky, there appears to still be issues with the urban model and a uniform case management computer system.

Georgia

The effects on the community of Bibb County as a result of their service integration model mentioned earlier, has been rather positive. Their mission was to not only to provide aid to those in need, but also to provide a way of gaining self-sufficiency over time as a result of temporary assistance. Staff from the Georgia Department of Family and Child Service (DFCS), as well as representatives of other local human service providers, believe that the result of their efforts sets them apart from other states (Ragan 2002). For example, they have seen a reduction in the number of babies born with drug problems. Approximately 397 women and 634 children have been kept out of foster care due to the County’s treatment program. There was also a report of improved children and family health. Between September 1992 and March 2000, the health clinic immunized 6,322 children, completed 8,920 health screenings, and treated 1,810 children for health problems. After receiving the improved numbers, the staff of the Bibb County DFCS provided this list with attributed factors they believe were critical in their efforts to better serve the needs of unfortunate families (Ragan 2002):

- Taking a holistic team approach to meeting customer needs.
- Employing specialization of caseloads when it best met customer needs.
- Instituting multidisciplinary staffing with internal and external partners.
- Implementing morale boosting activities for staff and work experience for trainees.
- Centering caseloads within zip code zones to improve staff efficiency.

- Gaining strong support of the Bibb County Commissioners for the operation of their one-stop-shop.
- Including visionary leadership of collaborating partners.
- Committing to work toward “yes” instead of “no”.
- Petitioning for action-oriented support of elected officials and community leaders.
- Giving others the credit while building trust and resolving turf issues.
- Listening and responding to community needs at the grass-roots level.
- Facilitating access and delivering services within communities of need through collaborative (often co-located) design.
- Coordinating the use of volunteers and mentors frequently.

Missouri

LINCWorks’ coordination with local welfare community partners allowed the program to increase their monthly average participation rates in workplace programs. Missouri saw a steady increase in participation since the fall of 2010 in their LINCWorks system (Local Investment Commission 2013). Their overall TANF caseload improved to over 3,950 participants and all were subject to work requirements. Of the total TANF caseload participation, 951 (24.1%) were fully engaged in work participation activities (Local Investment Commission 2013). Over 58% of the fully engaged clients in Missouri’s LINCWorks system received work participation from paid employment in fiscal year 2013. Through the combined efforts of the LINCWorks and partnering agencies, 310 (32.6%) of the participants were able to leave state cash assistance at the end of the year. The high work participation rate within LINCWorks is fundamentally important to the overall impact that service integration has in Missouri.

Colorado

Mesa County, Colorado's integration efforts resulted in a "workforce center" which is a full service "one-stop" partnership with a variety of state, county and non-profit agencies representing over 21 programs that assist job seekers and employers (Colorado Department of Labor and Employment). According to a report from the Colorado Department of Labor and Employment, the region's healthcare sector partnership has been a success over the past 13 years. Mesa County expanded employment training programs by combining efforts with local community colleges to offer training designed by employers in the community which were delivered by Colorado Mesa University and Western Colorado Community College. During Fiscal Year 2012 the Workforce Center partnered with Western Community College and received a federal grant for \$2.5 million to develop requested short term intensive certified producing courses that met the needs of workers in the manufacturing sector. Both the healthcare initiative and the manufacturing initiative are capacity building endeavors that train a significant number of people. As stated previously, Colorado is listed as a "3" in the scale of integration which exemplifies an integrated model which best helps clients in need.

Significant differences exist in the level of integration of income support and employment and training programs in Mesa and El Paso Counties (Ragan 2002). Mesa County, the Workforce Investment Act "One-Stop" center is managed within the same department as income support and child welfare programs. In contrast, El Paso County, the "One-Stop" maintains a separate administrative structure. However, management in both counties moved to a holistic approach to family services which resulted in a "big change" (Ragan 2002). Activities such as cross-program training, special projects that involve staff from multiple programs, a diversity initiative in El Paso County, agency events for staff, and staff recognition reinforces the integration of staff and programs.

Service integration allowed personnel at Mesa County to pursue more client friendly services and to monitor and track client success. In Mesa County, families in danger of being sanctioned receive more intensive services provided by “intervention specialists” who make home visits to view first-hand family circumstances, broker services, and help break down resistance to program participation by the family (Ragan 2002). Mesa County human service personnel now track clients during and after they obtain TANF to measure self-sufficiency in terms of employment income and governmental-provided benefits sufficient to support a family.

Local leaders of human services in El Paso and Mesa Counties took advantage of the flexibility provided by the state to develop “client-centered” and integrated service delivery systems (Ragan 2002). While El Paso and Mesa Counties slightly differed in their integration strategies, with El Paso focusing on income support and child welfare programs and Mesa focusing on income support and employment training programs, the intent and processes of attaining their goal of service integration for both counties represented similar strategies.

Human services offered in El Paso and Mesa Counties represent more of a continuum rather than separately provided services. Both counties address the service process in a holistic manner from the initial assessment of clients through planning to the provision of benefits and services (Ragan 2002). These counties in Colorado provide whatever services and resources needed to ensure the safety of children and assist parents in moving to self-sufficiency as far as resources will provide. Officials in both counties cited leadership and the ability to maintain a shared vision as the successful force behind service integration. Management and staff said they were proud of the county’s ability to offer a cohesive approach to human service delivery.

The integration of human services in El Paso and Mesa Counties enticed the State of Colorado to realize the potential for cost-savings in human service integration. Currently, the

State of Colorado is studying the possibility of implementing a data warehouse that will enable a return on investment approach for human service programs. However, Colorado officials claim limited ability to look at potential cost savings because they can only look at the average cost per participant as a guide, combined with the state's resources on performance measures.

The State of Colorado requested and received two waivers which allowed greater flexibility with funding. The Local Activity Funds allow local areas to use up to 20 % of their Dislocated Worker formula funds for incumbent worker training. The other waiver Colorado received, Transfer of Funds, allows flexibility of funds between WIA Adult and Dislocated Worker programs at the local level. This waiver allows the transfer of up to 50 % of their formula funds, as long as the program maintains sufficient resources to continue operating their formula programs and meet WIA performance outcomes.

With these results, Colorado administrators saw that their integration efforts greatly improved the services offered to their clients in their respective counties. El Paso and Mesa provide one of the better examples of human service integration for other programs that seek to integrate their services. As our report previously stated, Colorado ranked as a level "3" on integration. The services offered by programs in Colorado provided one of the more significant impacts in improving services to clients.

Nebraska

The implementation of the N-FOCUS information systems software in Nebraska resulted in positive impacts for human service delivery according to personnel at human services office within the state (Ragan 2002). One significant impact came with the change of responsibilities for caseworkers which changed the relationship between caseworkers and managers. With the implementation of the N-FOCUS, personnel staff found it easier to make referrals to other

programs that would benefit the client. The N-FOCUS provides an automated service which informs clients of what services are available and how to enroll in those programs. With the information, human service personnel were able to focus on offering services to clients rather than on the intake services and remembering the various other programs offered in Nebraska. Nebraska officials also created a “user-group” of representatives of service users and staff from local offices that occasionally use the N-FOCUS intake system to determine if the system provides user friendly services. N-FOCUS also helps identify areas where administrators can improve the software. This approach helps to prioritize system solutions and develop new functionality for the software. Administrators hope this will result in more user friendly services with better buy-in from the Nebraska State Agencies and client users.

As computer systems often take significant time to build and achieve operational status, the construction and maintenance of the N-FOCUS could hinder client services. The building of system functions exist under the constant review of program staff. This could present a major obstacle to effective service integration because if the N-FOCUS system were to go down or need maintenance, the system could be down for multiple days at a time. Nebraska personnel addressed this through the joining of system developers and program staff in one office at the State Capital and at other state offices around the state to encourage constant interaction and reduce the need to revise system codes. This procedure accelerates the development process of the N-FOCUS system. Nebraska spent \$58 million in 1998 to implement the N-FOCUS system. Two thirds of that funding came from federal funding (Ragan 2002). Nebraska officials suggested to other jurisdictions that were looking to implement similar systems to look for cooperative funding arrangements between federal departments (i.e. Health and Human Services and Agriculture facilitated systems).

California

Officials with the Humboldt County Department of Health and Human Services identified that the largest impact from human service integration came from the ability to focus on an entire family rather than to split the family for separate services (Gutierrez et al. 2012). Likewise, Humboldt County case-workers were also able to focus exclusively on one person and offer that person all the services they needed rather than send him or her to various county offices for separate programs. Humboldt County programs are designated by age-group rather than distinct need which allows for an all-encompassing service for clients. With this all-encompassing service offering, Humboldt personnel cited positive outcomes such as focusing on prevention programs, overcoming the problems the family faces at the time of intervention, and preventing new problems from arising. Humboldt personnel also stated this approach will result in future saving as preventative programs are often more cost efficient than after the fact programs.

The joining of funding streams to focus on client-centered service delivery allowed all human service units to work together on person-based outcomes. This approach allowed for greater flexibility which county personnel cite as a major reason for successful integration (Gutierrez et al. 2012). Joint funding streams also allowed for programs to search for grants that required a match in funding and Humboldt County has been able to obtain additional grants to fund programs. Humboldt County removed one of the largest integration hurdles and now can move funds to match specific programs which need the most financial resources.

Ohio

Montgomery County, Ohio's Job Center played a large role in the economic growth of the region. The Job Center connected the majority of services and programs to employers with the region (Ragan 2002). In 2001, the Job Center reported 30,000 client visits per month. Montgomery County officials created a system in which clients were sent to the appropriate location in the Job Center building rather than waiting in a lobby. The Montgomery County, Ohio Job Center hosts 47 partner agencies that provide government-administered programs and privately-administered services. Montgomery County allowed clients to easily access services. This makes it easy for clients to find the services they need.

Statistics from the Job Center show the positive results the region is experiencing from the integrated services. First, entry level wages of those clients who received services from the center were higher than in other parts of the state (Ragan 2002). TANF caseloads were reduced by nearly 60% between 1992 and 2000, as caseloads in most of the rest of the country rose during this period. Finally, client satisfaction surveys showed a large majority of clients and employers were pleased with the services that the Montgomery County Job Center offered. Overall, it is apparent from the statistics offered that integrated employment training programs benefitted the region.

Example Where Integration Does Not Provide an Impact

To examine whether human service integration really provides a benefit to all parties involved this section we will look at a case study done on the U.S. Interagency Council on Homelessness. The Housing and Urban Development, Department of Health and Human Services, and the U.S. Department of Veteran Affairs collaborated to implement a new program to help the homeless. In 2003, the U.S. Interagency Council launched the Collaborative Initiative to Help End Chronic Homelessness (CICH), a three-year federal initiative to address

the problem of chronic homelessness (Mares, Greenburg, and Rosenheck 2007). With this initiative, persons experiencing chronic homelessness received permanent supported housing funded by HUD and supportive primary healthcare and mental health services provided by the Health Resources Services Administration (HRSA), the Substance Abuse and Mental Health Services Administrations (SAMHAS) of DHHS, and the Veterans Administration (VHA) of VA. Officials hypothesized in this case that increased collaboration and trust among organizations and use of evidence-based practices will increase service delivery and improve outcomes.

This study found that no significant relationship existed between service network characteristics and changes in client outcomes. However, there was an increase in satisfaction with the primary healthcare provider and a decrease in total service costs among clients living in networks which used evidence-based practices (Mares, Greenburg, and Rosenheck 2007). The study found one possible explanation for the overall lack of a significant finding, was that the level of inter-agency collaboration at the start of the project was too high to differentially impact changes in the client's use of services and outcomes over time. Also the network collaboration was not actually associated with client outcomes, at least not at the start of the CICH program.

In 1986, the Program on Chronic Mental Illness, supported by Robert Wood Johnson and HUD, sought to evaluate whether highly integration systems of care were more effective in addressing the needs of persons with serious illness. This study found that integration efforts were associated with increased inter-agency collaboration and increased continuity of care, but were not associated with improved client outcomes, such as symptoms, social relationships, and quality of life (Mares, Greenburg, and Rosenheck 2007; Morrissey et. al. 1994; Lehman et. al., 1994). Similar results were found in a study by the Center for Mental Health Services in the Access to Community Care and Effective Services and Supports (ACCESS) program. While

demonstration sites had more integrated service systems, clients at these sites showed no greater improvement in clinical health status, or 12-month housing outcome than at control sites (Rosenheck et. al. 2002), although housing outcomes were more favorable among clients service in more integrated service systems, regardless of intervention status (Rosenheck et. al. 1998).

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