State of Washington
Joint Legislative Audit and Review Committee

Analysis of Service Coordination in the Department of Social and Health Services

Report 06-7

June 26, 2006

Upon request, this document is available in alternative formats for persons with disabilities.

JOINT LEGISLATIVE AUDIT AND REVIEW COMMITTEE
506 16th Avenue SE
PO Box 40910
Olympia, WA 98501-2323
(360) 786-5171
(360) 786-5180 Fax
http://jlarc.leg.wa.gov

The Joint Legislative Audit and Review Committee (JLARC) carries out oversight, review, and evaluation of state-funded programs and activities on behalf of the Legislature and the citizens of Washington State. This joint, bipartisan committee consists of eight senators and eight representatives, equally divided between the two major political parties. Its statutory authority is established in RCW 44.28. This statutory direction requires the Legislative Auditor to ensure that performance audits are conducted in accordance with Government Auditing Standards as applicable to the scope of the audit.

JLARC staff, under the direction of the Committee and the Legislative Auditor, conduct performance audits, program evaluations, sunset reviews, and other policy and fiscal studies. These studies assess the efficiency and effectiveness of agency operations, impacts and outcomes of state programs, and levels of compliance with legislative direction and intent. The Committee makes recommendations to improve state government performance and to correct problems it identifies. The Committee also follows up on these recommendations to determine how they have been implemented. JLARC has, in recent years, received national recognition for a number of its major studies.

ANALYSIS OF SERVICE COORDINATION IN THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BRIEFING REPORT 06-7 DIGEST

JUNE 26, 2006

STATE OF WASHINGTON

JOINT LEGISLATIVE AUDIT AND REVIEW COMMITTEE

STUDY TEAM
JOHN WOOLLEY

LEGISLATIVE AUDITOR
RUTA FANNING

Copies of Final reports and Digests are available on the JLARC website at:

http://jlarc.leg.wa.gov

or contact

Joint Legislative Audit & Review Committee
506 16th Avenue SE
Olympia, WA 98501-2323

(360) 786-5171
(360) 786-5180 FAX

JLARC REVIEW OF DSHS SERVICE COORDINATION

One-third of the state's population use services provided through the Department of Social and Health Services (DSHS). Many of these 2.1 million people (42 percent) use two or more services: one client may be getting medical care, in-home personal care services, mental health care, and food stamps from different parts of DSHS. How these services are coordinated is of interest to policy makers concerned with the efficient delivery of state services.

JLARC's analysis of service coordination in DSHS is structured around four questions:

- What efforts are underway to ensure service coordination?
- What efforts are geared at improving information systems to enhance coordination?
- How does DSHS get feedback from clients on how well services are coordinated?
- Are there lessons to be learned from the experiences of other state or local governments?

This briefing report shares key lessons learned as we sought answers to these questions.

CURRENT EFFORTS AT SERVICE COORDINATION: "Coordination" Has Many Meanings

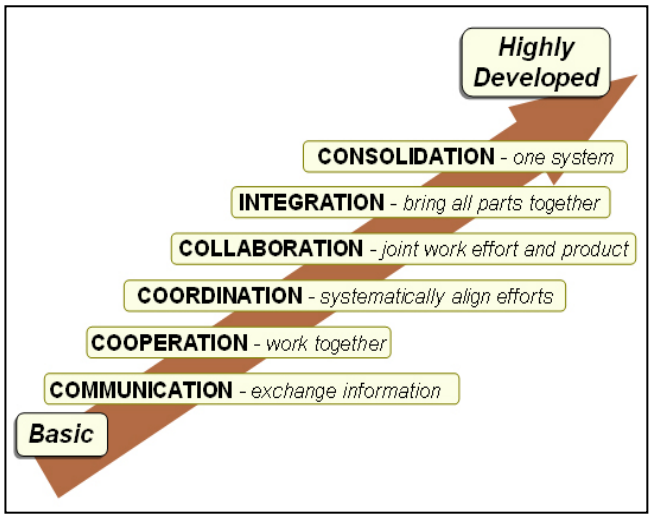
Six years ago, DSHS launched the "No Wrong Door" initiative, with a focus on coordinating services for "shared" clients—those who use services from more than one part of DSHS. While this banner is no longer used, there are a number of efforts throughout the Department geared towards service coordination. DSHS provided JLARC with descriptions of 15 important ones, including:

- *A-Teams* that bring multiple parts of DSHS, county-based services, the Department of Corrections, and local law enforcement together to work with adults experiencing difficulty maintaining services out of institutions in community settings.
- *Children's Mental Health Initiative* geared towards coordinating mental health treatment for children and youth within DSHS.
- *Functional Family Therapy* where the Juvenile Rehabilitation Administration and county courts work together in an effort to reduce recidivism.

In addition to these examples, there are coordination initiatives run by local agencies that may not be considered *DSHS* service coordination but do involve DSHS.

Such service coordination initiatives illustrate the first lesson learned in this analysis*: efforts at coordinating DSHS services take many different forms; they can involve just DSHS or involve many participants outside of DSHS.* The initiatives illustrate the diversity of efforts that can be considered service coordination.

The exhibit on the right depicts a service coordination continuum and illustrates the second lesson learned in this analysis: *the importance of understanding what is **expected** by an initiative—is it simply attempting to increase **communication** within DSHS? Is it trying to **coordinate** services either within DSHS or with other entities? Or is it trying to **consolidate** services into one single point?* Careful consideration should be given to what a specific project is attempting to accomplish—where it 'lands' on the continuum—as the project is designed, implemented, and reviewed.



INFORMATION SYSTEMS: Efforts at Improving *Information* Coordination

Clients may be getting services from many parts of DSHS, from a variety of local governments, different service providers, as well as school districts. Thus, access to information on all the services that a client receives, regardless of who provides that service, is a key to service coordination success.

The third lesson learned during this analysis: *recent changes in information technology can facilitate this exchange, such as an emphasis on enterprise-wide information and "hub" strategies.* However, concerns with privacy laws at the federal and state level along with the interpretation of those laws, continue to impact the exchange of information.

Recent strategies adopted by DSHS to facilitate the exchange of information include:

- Leveraging the replacement of a key computer system in the Medical Assistance area to become a "hub" of provider information.
- Changing a key internal policy to increase the exchange of client information within DSHS.

These initiatives are only first steps. Our analysis also indicates that some clients must continue to provide the same basic information (name, address, etc.) to different parts of DSHS, creating inefficiencies on the part of the client and for DSHS.

WHAT DO CLIENTS THINK? DSHS Client Surveys and Feedback on Coordination

DSHS began a formal survey of clients' satisfaction with services in 2001. Included in this survey are specific questions regarding service coordination. In the 2005 survey, DSHS found that:

- Seventy-one percent of the clients responding to the survey agreed that DSHS coordinates service delivery (an increase from the 2003 survey) and that DSHS makes sure services work well together (a decrease from the 2003 survey).

JLARC contracted with experts in the area of surveys to double-check the survey's methods. The fourth lesson learned during this analysis: *when determining client attitudes on service coordination, surveys must be very carefully designed and administered to minimize bias in collecting and reporting responses.*

Our consultants suggest that improvements be made in the nature of the questions asked of clients, that the way results are presented be changed, and that DSHS consider having the survey conducted by an independent organization, rather than by DSHS itself.

LESSONS FROM OTHER STATES AND JURISDICTIONS

There is a body of literature dedicated to service coordination as organizations such as the National Governor's Association attempt to document, explain, and learn from successful coordination efforts. While this literature does not establish an easy way of evaluating or grading specific initiatives, it does provide useful indicators of what others have learned as new coordination efforts are considered and developed.

The fifth lesson learned during this analysis: *there are a number of consistent themes in this literature, including*:

- Most service integration is local;
- Integration takes time and a lot of effort;
- Strong leadership is a key;
- Federal rules and regulations can hinder coordination but some recent changes may help; and
- While most agree that integration is desired, there is little documentation on the outcomes of integration.

The research also suggests that policy makers seek upfront answers to a set of key questions as they look at making changes in how services are coordinated:

- How will the change transform the program participant's experience?
- How will the new way fundamentally differ from the old traditional or "siloed" programs?
- What is the connection between the change and the desired program outcome?

The final lesson, also suggested by the literature as well as our site visits: *look at service coordination as an ongoing, continuous evolution—it is not a single event, rather an ongoing learning process.*

Organizations should constantly review how they conduct their business to look for opportunities to increase communication, coordination, or consolidation. Very seldom is it correct to say that the job is finished or to say that an initiative was a success or failure, to give it a "grade." Rather, each initiative is a learning opportunity and may or may not turn out to be one step of many in the right direction.

REPORT RECOMMENDATION

1. DSHS should develop a plan to strengthen its client survey process so that it minimizes the possibility for positive bias in results.

TABLE OF CONTENTS

SECTION ONE: BACKGROUND

The Legislature created the Department of Social and Health Services (DSHS) in 1970 to establish an organization that would "provide for maximum efficiency of operation" and that would "integrate and coordinate all those activities involving provision of care for individuals who, as a result of their economic, social, or health condition, require financial assistance, institutional care, rehabilitation, or other social and health services."[1]

Forty-two percent of DSHS's 2.1 million clients use more than one service. The Joint Legislative Audit and Review Committee (JLARC) initiated this review of efforts by DSHS to coordinate and integrate services for clients receiving multiple services. Such efforts at coordination are steps to improve program efficiency.

The report is structured around answering four questions:

1. What current initiatives does DSHS have in place to improve service coordination?

2. What efforts are underway to improve information systems to support service coordination?

3. How does DSHS get feedback from clients on how well services are coordinated?

4. Are there lessons to be learned from other states and jurisdictions on how coordination can be improved?

In the course of answering these questions, we have learned much that can help inform policy discussions around service coordination. Each of the four questions is addressed in separate sections of this briefing report. This introductory section concludes with additional background information on DSHS.

2.1 MILLION CLIENTS GETTING A VARIETY OF SERVICES[2]

With 18,000 employees, and annual expenditures from all fund sources of $8.5 billion, DSHS has the largest agency budget in state government. It provides services to its 2.1 million clients (about 33 percent of the state's population) through five separate administrations:

- **Aging and Disabilities Services:** includes developmental disabilities services, home and community services, and residential care services.
- **Children's Services:** includes child protective services, child welfare services, family reconciliation services, and licensing of foster homes and other out-of-home care facilities for children.
- **Economic Services:** includes economic, food, and medical assistance to low-income families and individuals, employment and training services, child support enforcement, child care subsidy programs, and child care licensing and regulation.

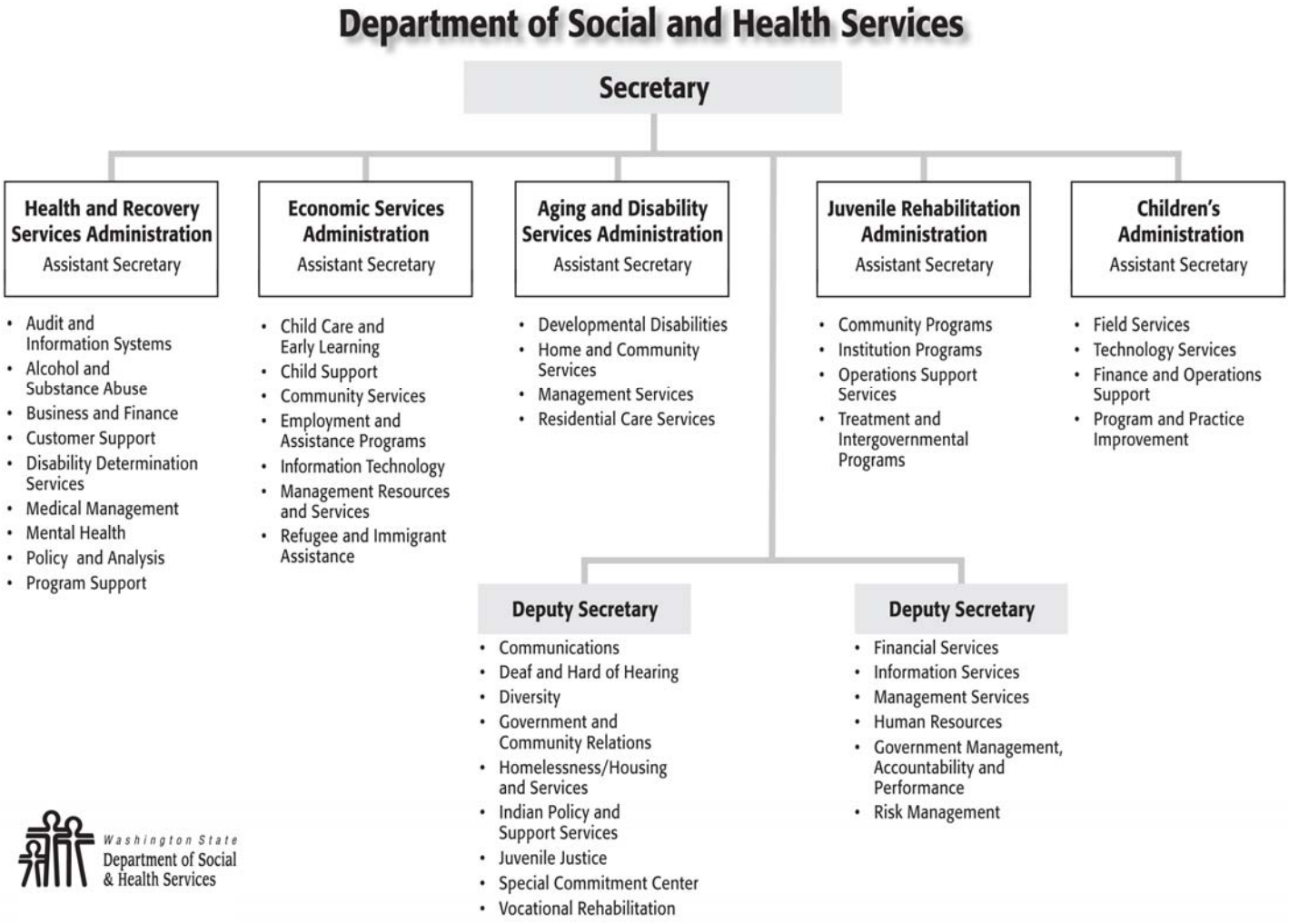
[1] The Legislature's stated purpose in creating DSHS is contained in Revised Code of Washington (RCW) 43.20A.010.

[2] Starting with fiscal year 2004 data, DSHS began including the 555,000 clients served by the Division of Child Support in its service utilization data. Fiscal year 2003 count was 1.5 million clients.

- **Health and Recovery Services**: includes medical management, alcohol and substance abuse, disability determination services, and mental health services. *Part of this administration was formerly known as the Medical Assistance Administration.*
- **Juvenile Rehabilitation Services:** includes community programs, institution programs, and treatment and intergovernmental programs.

Exhibit 1 below provides a detailed picture of DSHS's current organization and reporting relationships.

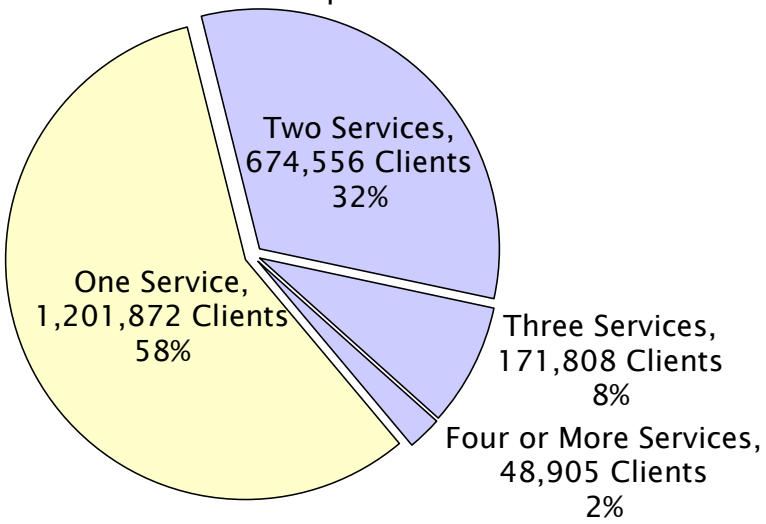
Exhibit 1: DSHS Organization Chart



Source: DSHS.

DSHS collects data on what types of services clients use, the cost of these services, and how program areas "share" clients. Exhibit 2 below illustrates that 42 percent of DSHS's 2.1 million clients receive services from more than one program area.

Exhibit 2: 42 Percent of DSHS's 2.1 Million Clients Receive More Than One Program Service From The Department



Source: Department of Social and Health Services, Research and Data Analysis Division. Client data for state Fiscal Year 2004.

For example, in state Fiscal Year 2004, there were 60,758 clients receiving Aging and Adult program services. Of these, *99.5 percent, or 60,451, were also receiving medical assistance services.*

Additional detail on the specific services provided by DSHS to these clients is also available, such as how many clients that use nursing home services in the Aging and Adult program area also use hospital in-patient care in the Medical Services program area (4,787 or 22 percent of nursing home clients at a cost to the Medical Services budget of $76.3 million).[3]

The focus of this briefing report is on the coordination of the services provided to these "shared" clients. We start with an overview of service coordination initiatives currently underway at DSHS.

[3] Data source is the Department of Social and Health Services, Research and Data Analysis, Client Services Database for state Fiscal Year 2004. DSHS estimates it spends approximately $580,000 per year maintaining the database.

SECTION TWO: CURRENT SERVICE COORDINATION INITIATIVES IN DSHS

This section reviews current efforts at DSHS to improve the coordination of services to clients, addressing the question: what current initiatives does DSHS have in place to improve service coordination?

During 2000, DSHS started a coordination effort titled "No Wrong Door." Designed to integrate case coordination, it was geared for persons and families served by several different DSHS programs.

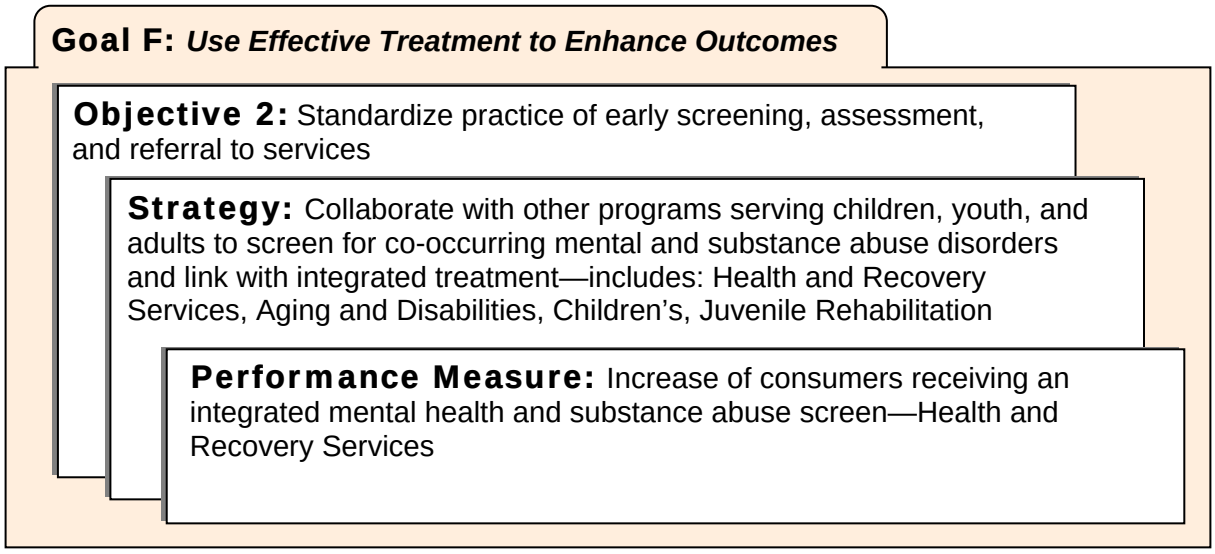
"No Wrong Door" no longer exists as a *stand alone* effort. According to DSHS this is because efforts at improving service coordination are now integrated into their overall strategic planning. Thus, we begin our analysis with a look at the strategic plan and current service coordination efforts.

DSHS STRATEGIC PLAN AND SERVICE COORDINATION

DSHS's 2007-2011 strategic plan includes goals, objectives, strategies, and performance measures. The plan includes ten goals, with a number of more detailed objectives supporting those goals, and a number of strategies supporting each of the objectives.

The ten goals range from "improve health care quality and access" to "improve internal and external partnerships." While service coordination is not identified as one of the specific goals, the detailed objectives and strategies that follow the goals do *specifically reference strategies that cross organizational boundaries*. Exhibit 3 below illustrates one of these.

Exhibit 3: Goals and Objectives



Source: DSHS Strategic Plan, 2007-2011.

SERVICE COORDINATION INITIATIVES

To understand how DSHS is implementing these goals and strategies, JLARC requested that each of the five administrations identify and describe three important service coordination efforts. These initiatives are summarized in Exhibit 4 on the next two pages. As can be seen, in some instances separate Administrations picked the same initiative.

Exhibit 4: Examples of Current Coordination Projects in DSHS

ADMINISTRATION DESCRIBING PROJECT	PROJECTS
Aging and Disabilities Services	▪ **A-Teams**: collaborative case management for clients experiencing difficulty with community placements. Includes multiple programs in DSHS (Aging, Mental Health, Developmental Disabilities, Substance Abuse) as well as entities outside of DSHS (Department of Corrections, Area Agencies on Aging, Regional Support Networks, local law enforcement). ▪ **Expanded Community Services (Geriatric)**: provides placements for geriatric long-term state mental health hospital patients who no longer require active inpatient psychiatric treatment. Includes multiple programs in DSHS (Aging, Mental Health) as well as entities outside of DSHS (Regional Support Networks, local law enforcement, and other county based services). ▪ **Developmental Disabilities Division/Mental Health Division Collaborative Work Plan**: developed to provide community placements for developmentally disabled individuals residing in state mental hospitals. Includes multiple programs in DSHS (Mental Health and Developmental Disabilities).
Children's Services	▪ **King County Systems Integration Initiative**: designed to improve the coordination and integration of juvenile justice, child welfare, and other systems serving youth in King County. Includes multiple programs in DSHS (Children's, Juvenile Rehabilitation) as well as entities outside of DSHS (Courts, King County Department of Community and Human Services, Puget Sound Educational Service District, King County Council, King County Executive). ▪ **Families and Communities Together (FACT) Spokane**: community guided initiative designed to increase family self-sufficiency, health, safety, and education outcomes. Includes multiple programs in DSHS (Children's, Economic Services, Health and Recovery Services, Aging and Disabilities, Vocational Rehabilitation, Juvenile Rehabilitation) as well as entities outside of DSHS (schools, service providers, faith-based organizations, city, county, and tribal governments). ▪ **Children's Mental Health Initiative**: an effort to provide better coordination and future integration of services for children and youth who need mental health services. Includes multiple programs in DSHS (Juvenile Rehabilitation and Health and Recovery Services).

ADMINISTRATION DESCRIBING PROJECT	PROJECTS
Economic Services	▪ **White Center/Boulevard Park Partnership**: an initiative to build a multi-service community center, through a syndicate of local, state, federal, community, business and faith-based organizations. Includes multiple programs in DSHS (Economic Services, Children's) as well as entities outside of DSHS (Employment Security Department, local government, schools). ▪ **Whatcom County Family Services Integration Project (FACT)**: an initiative to build a comprehensive family support service, using co-located services and family resource teams. Includes programs of DSHS (Economic Services, Children's, Juvenile Rehabilitation) and entities outside of DSHS (local government, schools, community service providers). ▪ **Families and Communities Together (FACT) Spokane**: *see description under Children's Services.*
Health and Recovery Services	▪ **Washington Medicaid Integration Project**: managed care initiative in Snohomish County, designed to provide a coordinated service package including medical care, substance abuse treatment, mental health treatment, and long-term care. Includes multiple programs in DSHS (Health and Recovery, Mental Health, Substance Abuse, Long-Term Care) and entities outside of DSHS (Regional Support Networks, Area Agency on Aging, and provider). ▪ **Foster Care Health Care Improvement**: initiative to improve access and quality of health care for children in foster care through an inter-administration health care unit. Includes multiple programs of DSHS (Health and Recovery, Children's, Mental Health) and entities outside of DSHS (Department of Health). ▪ **Substance Abuse Services Coordination for Offenders:** initiative to reduce substance abuse and crime rates of offenders through coordinated services. Includes Division of Alcohol and Substance Abuse in DSHS and entities outside of DSHS (Department of Corrections, county governments, courts).
Juvenile Rehabilitation Services	▪ **Functional Family Therapy:** family-based service, which emphasizes engaging and motivating the entire family of a juvenile to achieve changes related to repeat criminal behavior. Includes entities outside of DSHS (26 juvenile courts). ▪ **Juvenile Offender Transition:** initiative targeting youth and their families in Yakima County before they begin parole to assist in reintegrating juvenile offenders back into the community. Includes multiple programs in DSHS (Juvenile Rehabilitation, Children's, Developmental Disabilities, Mental Health, Substance Abuse, Vocational Rehabilitation, Economic Services) and entities outside of DSHS (Yakima County Juvenile Court and Yakima County Human Services). ▪ **Children's Mental Health Initiative:** *see description under Children's Services.*

As part of this descriptive exercise, JLARC looked at statements of goals, objectives, and indicators of performance submitted to JLARC for these specific projects. These statements cover a wide range, from general to specific, for example:

- **Foster Care Health Care Improvement**: goal of improving access to and the quality of health care for children in foster care; since this is still in its planning phase, performance measures are still being developed.
- **Functional Family Therapy**: goal of reducing recidivism, measured by reductions in participant's new offenses.
- **A-Teams:** goal of cross-system collaboration to stabilize community placements, measured by the number of clients assisted.

These examples of service coordination illustrate the first lesson learned in this analysis*:*

✓ ***Service coordination takes many different forms—it can involve just parts of DSHS or involve many participants outside of DSHS.***

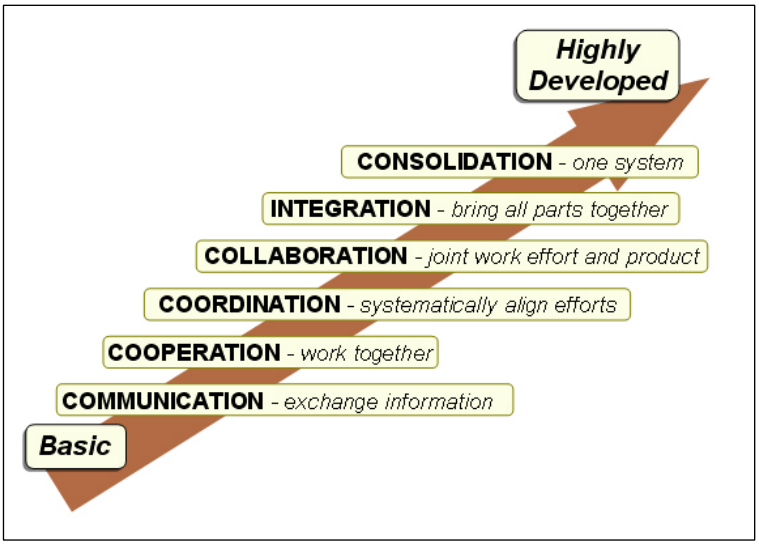
In some instances DSHS is only one of many organizations that must work together to make these initiatives successful. This is illustrated by the King County Systems Integration Initiative included under the Children's Administration that attempts to coordinate the services of all those in the county working with troubled children and youth.

WHAT IS EXPECTED OF A SERVICE COORDINATION INITIATIVE?

DSHS's strategic plan, the 15 initiatives described by DSHS, JLARC's discussions with those implementing coordination initiatives, and the literature on service coordination (discussed in Section 5) point to the second lesson learned in this analysis:

✓ ***The importance of understanding what is expected by an initiative: some are geared towards increased <u>communication</u>; some are geared towards the <u>coordination</u> of services; some are geared towards service <u>consolidation</u>, and many are a combination.***

Exhibit 5: Service Coordination Continuum



Source: JLARC analysis of service coordination literature.

Exhibit 5 on the previous page illustrates a service coordination continuum: its starting point is efforts at increasing communication, moving through to efforts at consolidation of all services into one system.

Through its five administrations and multiple programs, DSHS provides a vast array of services, working with many entities outside of DSHS. With this wide scope, any of the goals on this continuum may be appropriate. Careful consideration should be given to what a specific project is attempting to accomplish—where it 'lands' on the continuum—as the project is designed, implemented, and reviewed.

This section has focused on current initiatives in DSHS to improve the coordination of services and on the language used in such efforts. Section 3 will now focus on efforts at improving *information* coordination.

SECTION THREE: INFORMATION SYSTEMS—EFFORTS AT IMPROVING *INFORMATION* COORDINATION

This section reviews current efforts at DSHS to improve the coordination of information, addressing the question: what efforts are underway to improve information systems to support service coordination?

IMPROVING INFORMATION AS A WAY OF IMPROVING COORDINATION

DSHS's strategic plan and many of the service coordination initiatives identified by DSHS include plans for improving the *information systems* that support service delivery. These initiatives, as well as the experiences of other jurisdictions who work to improve service coordination, illustrate some of the problems with existing information systems.

This is true both from the perspective of a client who must repeatedly supply the same demographic information (name, address, phone number, etc.) as well as the case manager who has limited access to information on services provided by either other parts of DSHS or other entities. Many computer-based information systems, in Washington and other states, reflect the "silos" of programs, which makes the exchange of information difficult.

How Often Must Basic Information Be Supplied?

Understanding all the information systems and all the processes used within DSHS to authorize and maintain services for clients is well beyond the scope of this review. JLARC did conduct an analysis of how often basic demographic information must be supplied by clients who use more than one service. The answer is mixed.

For instance, the major information system used by Economic Services (ACES) for clients in the WorkFirst or food assistance programs and the major system used by Health and Recovery Services (MMIS) for clients getting medical benefits, use information from the same application form, so a client only needs to supply that information once.

However, if the client then requires a mental health service, it is likely the provider and Regional Support Network (county-based mental health system) will again need to collect and enter the client's information into separate computer systems.

Exhibit 6 on the following page illustrates, for selected groups of clients, the answer to this basic question: how many times must clients supply basic information? The exhibit shows that for some combination of services, this basic information need only be collected once. For others, however, clients may have to provide this basic information a number of times. In each instance, a variety of separate computer systems hold the same information.

Exhibit 6: Clients Receiving Multiple Services May Supply Information Multiple Times

Client Group And Service Mix	Number Of Times Clients Supply Basic Information	Computer Systems Holding Information
Clients receiving: **food stamps, Work First, and childcare** through Economic Services and **health care** through Health and Recovery Services	**One plus**: most economic services information and medical services information comes from the same application, with childcare information in a different system.	ACES, eJAS, MMIS, WCAP
Clients receiving **in-home services** through Aging and Disabilities, **food stamps** through Economic Services, and **health care** through Health and Recovery Services	**Two**: most economic services information and medical services information comes from the same application, eligibility for in-home services requires another assessment.	CARE, ACES, SSPS, MMIS
Clients receiving **chemical dependency** services through the Division of Alcohol and Substance Abuse and **mental health** service through the Mental Health Division	**Three:** most economic services information and medical services information comes from the same application, substance abuse information is contained in the TARGET system, information will again be supplied at an intake appointment for mental health services.	MMIS, TARGET, Provider's system, RSN's system, Mental Health Division's client information system
Clients receiving **foster care** services through the Children's Administration and **mental health** services through the Mental Health Division	**Two plus**: Children's Administration's CAMIS system will hold original information that is shared with Economic Services and Health and Recovery Services provided that client signs consent form to share information. In addition information will likely be supplied again by client at an intake appointment with mental health provider and supplied to Regional Support Network computer system.	CAMIS, MMIS, RSN's system, Mental Health Division's client information system, mental health provider's system
ACES= Automated Client Eligibility Systems. CAMIS=Case and Management Information System. CARE=Comprehensive Assessment Reporting Evaluation. eJAS=Electronic Jobs Automated System. MMIS=Medicaid Management Information System. SSPS=Social Services Payment System. TARGET= Treatment and Assessment Report Generation Tool		

Source: Client groupings are based on information supplied by DSHS on areas where a high percentage of clients have multiple services. Number of times information is supplied is estimated by DSHS.

Depending on the services they receive, DSHS clients may or may not have to provide the same basic information multiple times. JLARC looked at efforts currently underway to reduce this inefficiency.

STRATEGIES TO IMPROVE INFORMATION SYSTEMS AND INFORMATION SHARING

Many of the major computer systems used by programs in DSHS (often referred to as "legacy" systems) include both basic information on clients (name, address, etc.) and information used to assess the need for services—and the services provided—in isolation. Thus, access to all of a client's service plans and service records is difficult.

Interim Step: DSHS Client Registry

Historically, efforts to consolidate information from "legacy" systems into one system have proven costly and difficult. One strategy adopted by DSHS and other organizations is to bring the information from these different systems into one place (in DSHS this system is called the Client Registry) so that case workers from a variety of programs can access information from various systems. While each of the individual systems *continues to hold information independent of each other*, case workers do have access to combined information through the Client Registry.

Enterprise Architecture and Data Hubs

More recently, the field of information technology has begun to emphasize *enterprise architecture* and *information hubs*.

The concept for each is fairly simple: look at organizational information requirements across all of DSHS—DSHS as one ***enterprise***—and make decisions based on their impact on the entire organization. A ***data hub*** is simply a subset of information that might be useful for more than one of an agency's computer systems, such as information identifying clients (name, address, etc.) or providers and maintain it in one place. Identification of data hubs requires an enterprise-wide approach to understanding information needs.

These tools illustrate the third lesson learned in this analysis:

- ✓ ***Recent changes in information technology—an emphasis on enterprise-wide information and "hub" strategies—can facilitate information exchange and reduce information redundancy***.

The **implementation** of these concepts and techniques can be difficult. Many business processes may have to be "re-engineered," with major changes made in the ways things get done. By its own admission, "DSHS has always struggled with enterprise level decision-making that impacts multiple administrations."[4]

DSHS Efforts to Create "Data Hubs"

In 2004, DSHS conducted a detailed feasibility study to establish a *client hub* and a *provider hub*. The client hub would maintain a common set of client information in one place, with the provider hub maintaining a common set of provider information in one place. This would mean that, while a number of computer systems could access basic provider or client information, it would only be maintained in one place: the "hub." DSHS requested funds for both in the 2005-

[4] Sources: *DSHS Enterprise Architecture: Program Overview*, Department of Social and Health Services, Enterprise Architecture Program, March 2006 and *Human Services Agencies Turn to Enterprise Framework Software*, Gene Leganza, Forrester Research, September 2005.

2007 biennial budget process ($8.3 million for the provider hub and $9.2 for the client hub). Neither request was funded.

Since then, DSHS has adopted what it calls a "pragmatic" approach to the development of these hubs, which attempts to leverage the scheduled replacement of major systems to include data hubs.

The first attempt at this is currently being developed with the replacement of the Medicaid Management Information System with what is now called "Provider One." This system, among other things, will become a partial provider hub as it will become the *primary* provider system for DSHS, but not the only location of provider information. The plan is to consolidate the two largest provider payment systems: the Medicaid Management Information System (MMIS) and most of the Social Services Payment System (SSPS). This consolidation will take place over the next three to four years.

DSHS is currently in the planning phase of creating a client hub. According to DSHS, they are evaluating leveraging the replacement of the major Economic Services system, the Automated Client Eligibility System (ACES) by also establishing it as a client hub.

SHARING CLIENT INFORMATION WHILE MAINTAINING CLIENT CONFIDENTIALITY

Efforts at consolidating information and improving access to that information raise concerns about client confidentiality: with easier access, will confidentiality be compromised? These confidentiality concerns have at times been a block to exchanging information between DSHS staff working with clients and the different computer systems used by staff. While new technologies facilitate the exchange of information, the conflict between confidentiality and information exchange continues.

In an effort to balance this conflict, DSHS, as with many similar organizations in other states, uses a client release-of-information consent form to allow information sharing with other state agencies and outside entities providing client services. Such forms may require a client's agreement to give "…permission for DSHS and the agencies and individuals listed below to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form…DSHS may still share information about you to the extent allowed by law."[5]

In the past, some parts of DSHS required a similar form before they would share client information *within* DSHS. Recently, DSHS changed an internal process that may facilitate the exchange of information. By defining all of DSHS as "the program" information previously not shared between individual divisions within DSHS may now be shared within DSHS, generally without the need for a client consent form. The intent of this change is to facilitate communication across the organization.

The previous two sections of this report have looked at service coordination and information coordination initiatives. Section 4 will look at a slightly different topic: what do DSHS clients think about services and how well those services are coordinated?

[5] Source: DSHS form 14-012(X) (REV. 02/2003).

SECTION FOUR: WHAT DO CLIENTS THINK? DSHS CLIENT SURVEYS AND FEEDBACK ON COORDINATION

This section reviews the surveys DSHS conducts looking at client satisfaction on services, addressing the question: how does DSHS get feedback from clients on how well services are coordinated? Included is a recommendation for improving the survey.

DSHS CLIENT SURVEYS

In 2001, DSHS started a formal, agency-wide survey to "systematically include customer feedback into the agency's strategic planning process."[6] Conducted in 2001, 2002, 2003, and again in 2005, the survey asks clients their opinions on six areas:

- Service quality;
- DSHS staff;
- Access to services;
- Access to service information;
- Client involvement in decision making; and,
- Service coordination.

Client Opinions on Service Coordination

For clients who are receiving services from three or more DSHS program areas, DSHS's Client Survey asks clients whether they strongly agree, agree, are neutral, disagree, or strongly disagree with the following two statements:

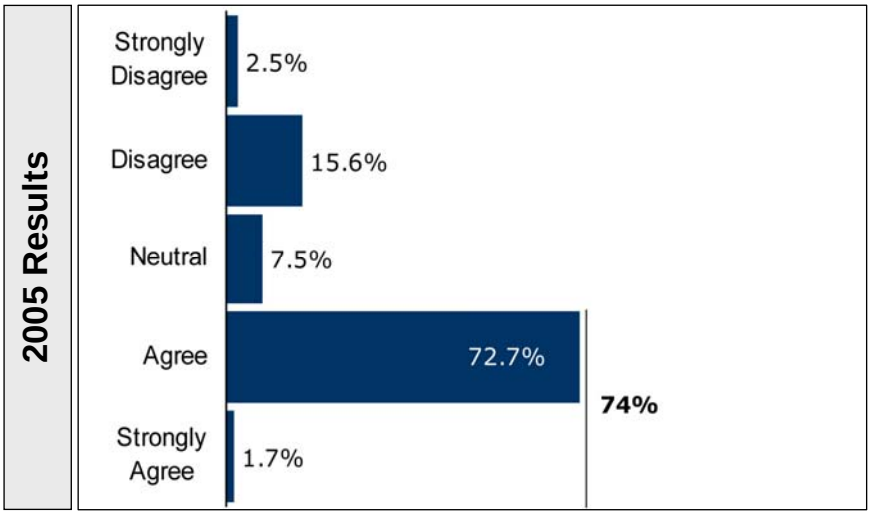
1. Someone from DSHS helps us with services from all programs.
2. DSHS makes sure our services work well together.

Examples of the graphs DSHS uses to present the results of responses to these statements are presented in Exhibit 7 on the following page. As can be seen, a high percentage of clients agree with both of the above statements.

[6] Source: *Department of Social and Health Services Client Survey 2001*, Washington State Department of Social and Health Services, Olympia, WA. December 2001.

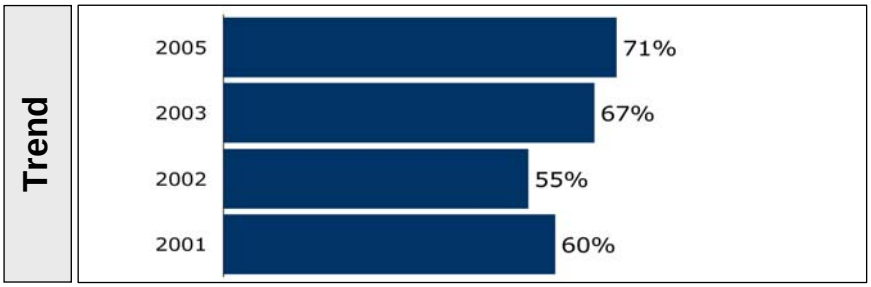
Exhibit 7: DSHS Survey Charts

Respondents Involved With Three or More Programs Who Agree That DSHS Helps with Services From All Programs.

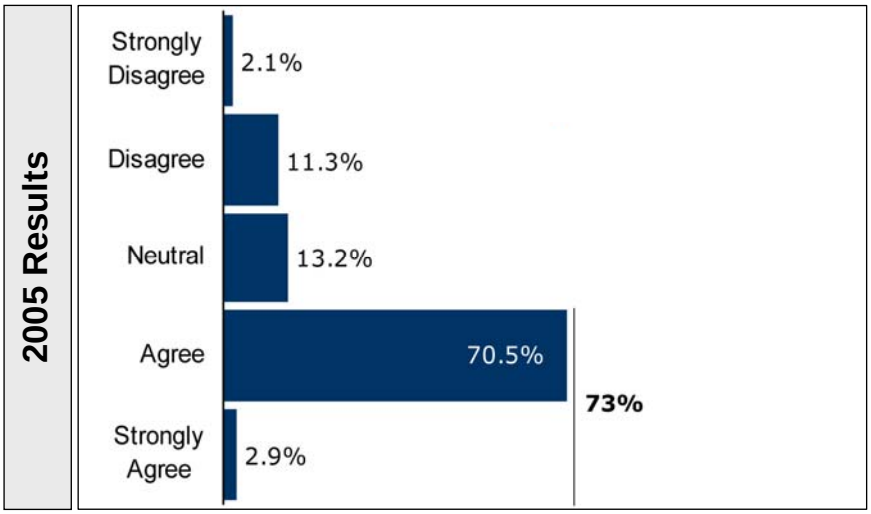


TREND:
Total of "Agree" and "Strongly Agree"

The sum of "agree" and "strongly agree" do not add to the 2005 four survey trend total as a subset of respondents was excluded to maintain the trend from previous years.



Respondents Involved With Three or More Programs Who Agree That DSHS Makes Sure Services Work Well Together.



TREND:
Total of "Agree" and "Strongly Agree"

The sum of "agree" and "strongly agree" do not add to the 2005 four survey trend total as a subset of respondents was excluded to maintain the trend from previous years.

Source: DSHS Research and Data Analysis Section: *2005 Client Survey: DSHS Clients Speak Out*.

Also of note are the very high completion rates (the number of 'hoped for' clients who actually participate in the survey) each year the survey has been completed. In 2005, this rate was 83 percent.

Analysis of Survey

JLARC contracted with experts in survey techniques to review the DSHS Client Survey. The purpose of the review was to:

- Assess the overall adequacy of the questionnaire for obtaining valid and reliable information from clients of DSHS;
- Determine whether there are any measurement problems or issues with the questionnaire;
- Provide advice on the adequacy of the questionnaire for assessing client perceptions on service coordination issues; and,
- Suggest changes to the questionnaire and/or the survey procedures where appropriate.[7]

The overall conclusions of our consultant's analysis are:

1. The DSHS client survey has been very carefully designed and implemented, with careful consideration put into how to obtain a high response rate for the survey, which is an important consideration in producing accurate and reliable answers.
2. However, certain design features of the questionnaire, the survey procedures, and the analysis and presentation of data in combination may result in a more positive picture than is really the case.

The consultant concluded that the problems are such that changes should be made to the survey to make its results more meaningful. Such suggested changes include:

- Changing the nature of the questions. For instance, rather than asking how much a client agrees with the statement "I am satisfied with DDD services," state the question as "How satisfied are you with DDD services? Very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, very dissatisfied."
- Changing the presentation of results so that response categories are not combined. For instance, in some cases "agree" with "strongly agree" were combined into one category. Such combinations can mask real changes in customer satisfaction.
- Consider having the survey conducted by an independent, external agency, rather than by DSHS.

The review of the survey illustrates the fourth lesson learned as we conducted this analysis:

✓ ***When determining client attitudes towards service coordination, surveys must be very carefully designed and administered to minimize bias. Improvements should be made to DSHS's current methods so that a more meaningful indication of client opinions on how well services are coordinated can be developed and communicated to others.***

The next section of the report looks at the body of literature on service coordination efforts. This literature reviews and seeks to learn from the efforts of other states and jurisdictions.

[7] The analysis of DSHS's Client Survey was conducted for JLARC by the Social & Economic Sciences Research Center at Washington State University.

SECTION FIVE: LESSONS FROM OTHER STATES AND JURISDICTIONS ON SERVICE COORDINATION

This section reviews the body of literature on service coordination, addressing the question: are there lessons to be learned from other states and jurisdictions on how coordination can be improved?

SERVICE COORDINATION LITERATURE

Attempts at improving the delivery of social services through a more coordinated approach are not unique to Washington State. There is a considerable body of literature analyzing the issue and attempting to learn from the experiences of local, state, and federal governments.

The issue is also not new. One analysis in ***1977*** of federal antipoverty programs stated that the basic purpose of the Economic Opportunity Act was *coordination* of old and new poverty prevention efforts. Another analysis of national employment policies in the early 1990s stated that *coordination* was *the* issue of American social policy in ***1991***. More recently, an analysis completed in ***2003*** states that simplifying and streamlining client processes—service *integration*—is *the* solution to the confusing mix of programs that exist throughout the United States.[8]

Recent Literature on Service Coordination

There are a number of efforts at the national level to study service coordination. The National Governor's Association (NGA) sponsored one effort. Others involved at looking at service coordination include the Annie E. Casey Foundation, the Rockefeller Institute of Government, and the Center on Budget and Policy Priorities. (See Appendix 3 for a list of references addressing service coordination.)

In one such effort, researchers at the Rockefeller Institute of Government spent a year analyzing and conducting field research at 60 sites in 12 states in an attempt to learn what makes efforts at service coordination and integration work.

Their conclusions serve as a useful summary of much of the analysis of service coordination:

- ✓ Service integration usually takes place at the local level.
- ✓ Integrating services takes sustained effort and is hard work.
- ✓ It may seem simple, but it isn't—the best examples occur where many strategies have been implemented.
- ✓ The focus must be on improving client services.
- ✓ The effects of integration are not well documented or assessed.
- ✓ Staff at successful service integration sites are enthusiastic supporters of the effort.
- ✓ The major challenges are managerial—strong leadership and sound management is critical.[9]

[8] Source: *The Service Integration Agenda: Political, Conceptual, and Methodological Challenges.* Thomas Corbett and Jennifer L. Noyes, Focus: Volume 22, Number 2, Summer 2003.

[9] Source*: Building Better Human Service Systems: Integrating Services for Income Support and Related Programs.* Mark Ragan, Rockefeller Institute of Government, June 2003.

The themes are also similar to those found by JLARC as we spoke with those involved in coordination efforts in this state. This body of research into service coordination illustrates the fifth lesson learned in this analysis*:*

- ✓ ***There are a number of consistent themes as groups attempt to learn from the experiences of others to create a coordinated service delivery system. One of the important themes is to look at service coordination not as a single event fixed in time, but rather as an ongoing, continuous evolution.***

Literature Includes Useful Hints for Policy Makers

The literature provides a number of useful hints to policy makers as they seek to make improvements to the delivery of services. These hints are based on the attempts of the research to learn from the experience of jurisdictions and organizations that have, in simple terms, "attempted to simplify and facilitate client access to benefits and services."[10]

Because various strategies at coordination and integration have different goals, general guidelines may not be appropriate for *evaluating* initiatives. For instance, attempts at improving cooperation may not require consolidated job functions. The guidelines do, however, provide useful hints at what others have learned as new coordination initiatives are considered and developed.

Three questions can first be asked of an initiative as it is being developed:

1. How will the changed way of providing the service transform the program participants' experience?
2. How will the new delivery strategy fundamentally differ from the old, "siloed" way of doing things?
3. How does the change lead to the intended outcome for the client?

In addition, a number of tactics are suggested for consideration as ways to better coordinate and integrate services. These tactics may provide useful guidelines as policy makers consider initiatives to improve service coordination.

- ✓ *Develop a Single Service Plan*: let case managers and providers from several areas work together with a family that has multiple needs to develop a single case plan.
- ✓ *Co-locate Services*: physically locate distinct programs in the same building.
- ✓ *Realign Governance Structures*: have common managers over programs where collaboration is needed.
- ✓ *Set Common Outcome Measures*: collaborating programs should adopt common objectives, standards, and methods for measuring outcomes.
- ✓ *Consolidate Intake*: create a common application process for benefits and services from several systems.
- ✓ *Consolidate Job Functions of Staff*: Expand expertise of front-line workers so they can handle the responsibilities formerly divided between several workers.
- ✓ *Blend/Braid Separate Funding Streams*: Use funds from several programs to support service delivery. [11]

The final section of the report concludes with a summary of the lessons learned as we conducted our analysis of service coordination in the Department of Social and Health Services.

[10] Source: *Cross-systems Innovations: The Line-of-Sight Exercise, or Getting From Where You Are to Where You Want to Be*: Jennifer Noyes and Thomas Corbett, Focus: Volume 24, Number 1, Fall 2005.
[11] Source: *Same as footnote 10 above.*

SECTION SIX: SUMMARY OF LESSONS LEARNED, AND RECOMMENDATION

Concerns with efficient service delivery underlie attempts at improving service coordination. These can range from the basic inefficiency of case managers requesting simple demographic information multiple times from clients (name, address, phone number, etc.) to inefficiencies of greater concern, such as multiple case managers providing conflicting services.

In an effort to understand what the Department of Social and Health Services is doing to improve service coordination, JLARC initiated this analysis. During the course of this analysis, much has been learned as we sought answers to questions about what DSHS and other jurisdictions are doing to improve the coordination of services.

Question One: What current initiatives does DSHS have in place to improve service coordination?

There are a number of initiatives underway in DSHS to improve the coordination of services. JLARC requested that DSHS provide us with detail on 15 important ones. In reviewing these projects, here are some lessons learned:

- ✓ ***Service coordination takes many different forms—it can involve just parts of DSHS or involve many participants inside and outside of DSHS.***
- ✓ ***The importance of understanding what is expected by an initiative: some are geared towards increased communication; some are geared towards the coordination of services; some are geared towards service consolidation, and many are a combination***.

Clarifying these two issues leads to a better understanding of both the problem an initiative is attempting to resolve and its success in finding that resolution. Careful consideration should be given to what a specific project is attempting to accomplish—where it "lands" on the continuum—as the project is designed, implemented, and reviewed.

Question Two: What efforts are underway to improve information systems to support service coordination?

One of the impediments in the past to service coordination has been the inability of information systems to provide a consolidated case record for a client. Information on client demographics, assessed service needs, and services provided may be contained in multiple systems, with access by any one case manager difficult. These systems have been developed in "silos" without regard to passing information between those silos. Through analysis of this issue a lesson learned:

- ✓ ***Recent changes in information technology—an emphasis on enterprise-wide information and "hub" strategies—can facilitate information exchange and reduce information redundancy***.

While these may hold promise, and DSHS does have initiatives in each of these areas, they are only just beginning to be implemented.

Question Three: How does DSHS get feedback from clients on how well services are coordinated?

DSHS has been conducting a survey on client satisfaction with services since 2001. Included in this survey are two questions related to service coordination. Clients who are getting three or more services are asked whether they: strongly agree, agree, are neutral, disagree, or strongly disagree to the following statements:

- ➔ Someone from DSHS helps us with services from all programs.
- ➔ DSHS makes sure our services work well together.

JLARC contracted with experts in survey design to evaluate how well DSHS's survey reflects the opinions of clients. The lesson learned through this analysis:

- ✓ ***When determining client attitudes towards service coordination, surveys must be very carefully designed and administered to minimize bias. Improvements should be made to DSHS's current methods so that a more meaningful indication of client opinions on how well services are coordinated can be developed and communicated to others.***

The current design of DSHS's client satisfaction survey may lead to a more positive picture of client attitudes than actually exists.

RECOMMENDATION 1

1. **DSHS should develop a plan to strengthen its client survey process so that it produces more meaningful results. The plan should address design features, survey procedures, and the analysis and presentation of data so that any potential positive bias is minimized.**

Legislation Required:	None
Fiscal Impact:	Minimal
Reporting Date:	January 2007

Question Four: Are there lessons to be learned from other states and jurisdictions on how coordination can be improved?

There is a considerable body of literature about improving the coordination of services. Detailed studies have been conducted to try and learn from successes. In analyzing this literature, and in talking to people who are trying to improve the coordination of services in this state, a final lesson learned:

- ✓ ***There are a number of consistent themes as groups attempt to learn from the experiences of others to create a coordinated service delivery system. One of the important themes is to look at service coordination not as a single event fixed in time, but rather as an ongoing, continuous evolution.***

CONCLUSION

While there certainly are increased opportunities with newer technologies and lessons that can be learned from the experiences of others, the bottom line in service coordination is that it is hard work and a continuous evolution. While the literature on service coordination *does not* establish an easy way of evaluating specific initiatives, it *does* provide useful indicators of what others have learned as new coordination efforts are considered and developed. Organizations need to

constantly review how they conduct their business to look for opportunities to increase communication, coordination, or consolidation. Very seldom can one conclude that the job of service coordination is finished. Rather, each initiative may or may not turn out to be one step of many in the right direction.

Ruta Fanning
Legislative Auditor

On June 26, 2006, this report was approved for distribution by the Joint Legislative Audit and Review Committee.

Representative Ross Hunter
Chair

APPENDIX 1: SCOPE AND OBJECTIVES

Service Coordination in the Department of Social and Health Services

SCOPE AND OBJECTIVES

MARCH 2006

STATE OF WASHINGTON
JOINT LEGISLATIVE AUDIT AND REVIEW COMMITTEE

STUDY TEAM

JOHN WOOLLEY
JOHN BOWDEN

LEGISLATIVE AUDITOR

RUTA FANNING

Joint Legislative Audit & Review Committee
506 16th Avenue SE
Olympia, WA 98501-2323

(360) 786-5171
(360) 786-5180 Fax

Website:
http://jlarc.leg.wa.gov
e-mail:
neff.barbara@leg.wa.gov

WHY AN ANALYSIS OF DSHS SERVICE COORDINATION?

The Legislature created the Department of Social and Health Services (DSHS) in 1970 to establish an organization that would "provide for maximum efficiency of operation" and that would "integrate and coordinate all those activities involving provision of care for individuals who, as a result of their economic, social or health condition, require financial assistance, institutional care, rehabilitation or other social and health services." With 18,000 employees and annual expenditures of $8.5 billion, it has the largest agency budget in state government.[1]

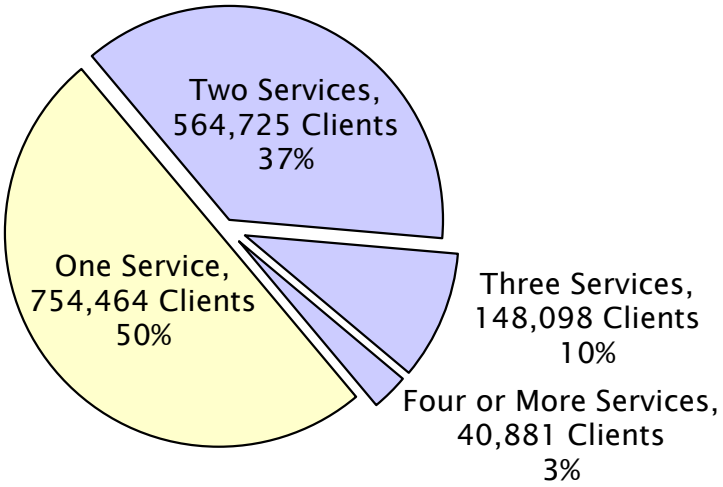
Recent DSHS efforts at enhancing service coordination include the ***No Wrong Door*** initiative. Begun in November of 2000, its focus was on coordinating services for "shared" clients—those who use services from more than one part of the Department. Such efforts advertise service coordination as a guiding principle of DSHS. This JLARC-sponsored project will review current efforts by DSHS to coordinate or integrate services for clients.

BACKGROUND

Twenty-five percent of the state's population uses DSHS services, ranging from 43 percent of the population of Adams County to 16.5 percent of the population of San Juan County. A broad variety of services are provided, including: medical, vocational, income support, drug counseling, mental health, foster care, juvenile rehabilitation, in-home services for adults, and child care.

One-half of the 1.5 million people receiving services from DSHS get services from more than one part of the Department. For instance, 99 percent of the clients of the Aging and Disabilities Services Administration also receive services through the Health and Recovery Services Administration *(formerly known as the Medical Assistance Administration)*.

Fifty Percent of DSHS's 1.5 Million Clients Receive More Than One Service from the Department



Source: Department of Social and Health Services, Research and Data Analysis Division. Client data for state Fiscal Year 2003.

[1] The Legislature's stated purpose in creating DSHS is contained in Chapter 43.20A.010 of the Revised Code of Washington. The expenditure total of $8.5 billion is all fund sources, combined Capital and Operating budgets.

Receiving services from multiple parts of the Department creates coordination challenges. In simple terms, must clients provide the same information to different parts of DSHS, creating inefficiencies for both the client and DSHS? More importantly, do clients have multiple case managers that provide complementing or conflicting services?

Study Scope

This study will examine current DSHS initiatives to improve service coordination and integration. Efforts in other state or local governments will be reviewed in an attempt to develop service coordination benchmarks.

Objectives AND QUESTIONS TO BE ADDRESSED BY THE ANALYSIS

The analysis will seek answers to the following questions:

- What recent and current efforts has DSHS undertaken to improve service coordination and integration?
- How does DSHS get feedback from clients on service coordination?
- Are there efforts underway geared at improving information systems to enhance coordination?
- What service coordination efforts in other state or local governments exist that might establish benchmarks for gauging DSHS efforts?

The analysis will also review efforts sponsored by organizations such as the National Governors Association to enhance service coordination and will attempt to develop a common set of terms or phrases to help evaluate efforts at improving service delivery efficiency.

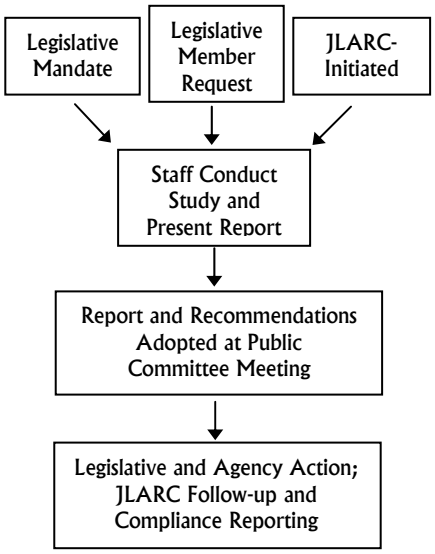
TIMEFRAME FOR THE STUDY

Preliminary report by June 2006.

JLARC STAFF CONTACT FOR THE STUDY

John Woolley (360) 786-5184 woolley.john@leg.wa.gov

JLARC Study Process



Criteria for Establishing JLARC Work Program Priorities

- Is study consistent with JLARC mission? Is it mandated?
- Is this an area of significant fiscal or program impact, a major policy issue facing the state, or otherwise of compelling public interest?
- Will there likely be substantive findings and recommendations?
- Is this the best use of JLARC resources: For example:
  - Is the JLARC the most appropriate agency to perform the work?
  - Would the study be nonduplicating?
  - Would this study be cost-effective compared to other projects (e.g., larger, more substantive studies take longer and cost more, but might also yield more useful results)?
- Is funding available to carry out the project?

APPENDIX 2: AGENCY RESPONSES

- Department of Social and Health Services
- Office of Financial Management

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45020, Olympia, Washington 98504-5020

June 16, 2006

TO: Ruta Fanning, Legislative Auditor
Joint Legislative Audit and Review Committee (JLARC)

FROM: Liz B. Dunbar, Deputy Secretary
Management Operations

SUBJECT: **ANALYSIS OF DSHS SERVICE COORDINATION – AGENCY RESPONSE**

Thank you for the opportunity to review and comment on the draft briefing report on DSHS service coordination. We appreciate the review of our agency's work in this area, work which is important and challenging, as noted by the report. The report is an accurate reflection of service coordination in DSHS, recognizing that it takes many forms, evolves over time and is challenged by federal laws and regulations which can hinder coordination. As a large complex organization, we continually work to improve service coordination between our programs and between our agency and the community. Our clients are not homogenous; they range from individuals to families, from infants to the elderly, from those able to work to those with extensive disabilities. Thus, our coordination efforts are varied as well to reflect the mix of services that a particular group of clients may need. We will continue to seek better ways to serve these individuals and families in a way that meets all their needs. Our initiatives include different ways to deliver services and better ways to share information between our programs and with our partners.

Our response to the study's recommendation is reflected below:

RECOMMENDATION	AGENCY POSITION	COMMENTS
Recommendation 1	Concur	We have already begun a process to strengthen our client survey.

We do have a few minor changes to suggest to the sections relating to the client survey:

1. In the Executive Summary, page 2, bottom of first column. Add the underlined words to the existing sentence, "Our consultants suggest that improvements be made in the nature of the questions asked of clients, that the way results are presented be changed, and that DSHS consider having the survey be conducted by an independent organization, rather than by

DSHS itself." This wording more accurately reflects the recommendations from SESRC, and is consistent with the wording in the rest of the JLARC report. (We apologize for having missed this in our earlier review, we picked up this wording in other places and it was changed appropriately.)

2. On page 16, trends charts. You might consider putting, "percent answering agree or strongly agree" somewhere on the trends charts. One can infer this from the note at left and from a careful reading of the title, but a quick reader could be lost.

Thank you again for the opportunity to respond.

Cc: Robin Arnold-Williams
Victor Moore
Carole Holland
Assistant Secretaries

STATE OF WASHINGTON
OFFICE OF FINANCIAL MANAGEMENT
Insurance Building, PO Box 43113 • Olympia, Washington 98504-3113 • (360) 902-0555

June 16, 2006

TO: Ruta Fanning, Legislative Auditor
Joint Legislative Audit and Review Committee

FROM: Victor A. Moore, Director

SUBJECT: **DRAFT BRIEFING REPORT – ANALYSIS OF SERVICE COORDINATION IN THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Thank you for giving the Office of Financial Management (OFM) the opportunity to review JLARC's draft briefing report on Analysis of Service Coordination in the Department of Social and Health Services.

OFM concurs with the recommendation in this draft report. I appreciate the analysis that was done on service coordination, including the conceptual framework for describing coordination. This report helps identify the complex nature of a seemingly simple concept.

Recommendation	Agency Position	Comments
1. DSHS should develop a plan to strengthen its client survey process so that it minimizes the possibility for positive bias in results.	Concur	

I look forward to your final report. If you have any questions, please contact Carole Holland, Senior Budget Assistant to the Governor, at (360) 902-0570.

APPENDIX 3: SELECT BIBLIOGRAPHY

Aos, Steve, Marna Miller, Elizabeth Drake, *Evidence-Based Adult Corrections Programs: What Works and What Does Not*, Washington State Institute for Public Policy, Olympia, WA, January 2006.

Arizona Auditor General, *Performance Audit of the Department of Economic Security: Service Integration Initiative*, Office of the Auditor General, Phoenix, Arizona, July 2005.

Blyskal, John, and Al Sica, *Crossing Boundaries: Coordinating and Exchanging Data Across States: Technology Prototype Problem Description and Technical Approach*, State Information Technology Consortium, Herndon, VA, January 2004.

Client Management and Outcomes Tracking Databases: Challenges and Recommendations, Tech Soup, http://www.techsoup.org/howto/articles/databases/printpage2204.cfm, August 2005.

Corbett, Thomas, and Jennifer L. Noyes, *The Service Integration Agenda: Political, Conceptual, and Methodological Challenges*, Focus Vol. 22, No. 3, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2003.

———, *Service and Systems Integration: A Collaborative Project*, Focus Vol. 23, No. 2, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2004.

Corbett, Thomas, James Dimas, James Fong, and Jennifer L. Noyes, *The Challenge of Institutional "Milieu" to Cross-Systems Integration*, Focus Vol. 24, No. 1, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2005.

Corbett, Thomas, Susan Golonka, Courtney Smith, Jennifer Noyes, *Enhancing the Capacity for Cross-Systems Innovation: Project Overview*. National Governor's Association, University of Wisconsin Institute for Research on Poverty, The Hudson Institute, November 2002.

Crisp, Suzanne, Steve Eiken, Kerstin Gerst, and Diane Justice, *Money Follows the Person and Balancing Long-Term Care Systems: State Examples*, Medstat, Washington, DC, September 2003.

Eliminating the Silos, Or, Its Not Just Welfare Anymore: Perspectives of the WELPAN Network, WELPAN, Midwest Welfare Peer Assistance Network, January 2002.

From the Gartner Files: The Organizational Impact of Service Oriented Architecture, an Exclusive Interview with Daryl Plummer, Sonic Software, http://mediaproducts.gartner.com/gc/webletter/progress_sonic/issue2/gartner1.html, February 2006.

Greenberg, Mark, Emil Parker, Abbey Frank, *Integrating TANF and WIA Into a Single Workforce System: An Analysis of Legal Issues,* Center for Law and Social Policy, Washington, DC, February 2004.

Greenberg, Mark, and Jennifer L. Noyes, *Increasing State and Local Capacity for Cross-Systems Innovation: Assessing Flexibility and Opportunities Under Current Law,* National Governor's Association Center for Best Practices, Hudson Institute, and Center for Law and Social Policy, January 2005.

———, *The Opportunities for Service Integration Under Current Law*, Focus Vol. 23, No. 2, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2004.

Highlight: Enhancing the Capacity for Cross-Systems Innovation, National Governor's Association Center for Best Practices, www.nga.org/portal/site/nga/menuitem.af624995eb41697a4ddcbeeb501010a0/?vgne/?vgne, March 2004.

Human Services Integration: Results of a GAO Cosponsored Conference on Modernizing Information Systems, United States General Accounting Office, Washington, DC, January 2002.

Information Memorandum: Use of Enterprise Level Commercial-Off-The-Shelf (COTS) Software in Automated Human Service Information Systems, U.S. Department of Health and Human Services—Administration for Children and Families, IM-05-04, May 2, 2005.

Leganza, Gene, *Human Services Agencies Turn to Enterprise Framework Software*, Forrester Research, Cambridge, MA, September 2005.

Martinson, Karin, *Literature Review on Service Coordination and Integration in the Welfare and Workforce Development Systems,* Urban Institute, Washington, DC, January 1999.

Medicaid and SCHIP: States' Enrollment and Payment Policies Can Affect Children's Access to Care, United States General Accounting Office, Washington, DC, September 2001.

Mines, Christopher, *The Seeds of the Next Big Thing: Sketching the Fourth Wave of Growth for the Technology Economy*, Forrester Research, Cambridge, MA, June 2005.

Moore, Connie, and Erica Rugullies, *The Information Workplace Will Redefine the World of Work—At Last!*, Forrester Research, Cambridge, MA, June 2005.

Noyes, Jennifer L., and Thomas Corbett, *Cross-Systems Innovations: The Line-of-Sight Exercise, Or Getting From Where You Are To Where You Want to Be,* Focus Vol. 24, No. 1, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2005.

Parrott, Sharon, Donna Cohen Ross, and Liz Schott, *Streamlining and Coordinating Benefit Programs' Application Procedures*, Center on Budget and Policy Priorities, Washington, DC, June 2005.

Peterson, Shane, *Social Service Synchronicity*, Government Technology Magazine, http://www.govtech.net/magazine/story.print.php?id=93498, March 2005.

Pindus, Nancy, Robin Koralek, Karin Martinson, John Trutko, *Coordination and Integration of Welfare and Workforce Development Systems*, Urban Institute, Washington, DC, March 2000.

Parrott, Sharon, and Stacy Dean, *Aligning Policies and Procedures In Benefit Programs: An Overview of the Opportunities and Challenges Under Current Federal Laws and Regulations*, Center on Budget and Policy Priorities, Washington, DC, January, 2004.

Ragan, Mark, *Service Integration in Oregon—Successful Local Efforts Influence Major State Reorganization*, Rockefeller Institute of Government, Albany, NY, January 2003.

———,*Building Better Human Service Systems: Integrating Services for Income Support and Related Programs*, Rockefeller Institute of Government, Albany, NY, June 2003.

———,*Building Comprehensive Human Service Systems*, Focus Vol. 22, No. 3, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2003.

Sandfort, Jodi, *Why Is Human Services Integration So Difficult to Achieve?*, Focus Vol. 23, No. 2, University of Wisconsin, Institute for Research on Poverty, Madison, WI, Summer 2004.

Schott, Liz, and Sharon Parrott, *Using the Internet to Facilitate Enrollment in Benefit Programs: Eligibility Screeners and Online Applications*, Center on Budget and Policy Priorities, Washington, DC, June 2005.

———,*How States Can Align Benefit Renewals Across Programs: Options for Simplifying and Aligning Eligibility Reviews*, Center on Budget and Policy Priorities, Washington, DC, June 2005.

———,*Easing Benefit Enrollment and Retention By Reducing the Burden of Providing Verification*, Center on Budget and Policy Priorities, Washington, DC, December 2005.

Service Integration, National Governor's Association Center for Best Practices-Center Sub-issue, www.nga.org/portal/site/nga/menuitem.1b7ae943ae381e6cfcdcbeeb501010a0/?vgne, March 2005.

Workforce Investment Act: Coordination between TANF Programs and One-Stop Centers Is Increasing, But Challenges Remain, United States General Accounting Office, Washington, DC, March 2003.