

The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact

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LEADERSHIP FOR A
NETWORKED WORLD



Creating the Future of Outcomes and Impact

Challenging and uncertain times have always been a catalyst for looking at problems in novel ways, inventing fresh solutions, designing new organizations, and delivering better results and value. Now is no different. For leaders in health and human services, today's challenges are bringing an unparalleled opportunity to create the future of outcomes and impact.

Creating a better, brighter, and more impactful future will require developing new forms and new levels of outcomes for individuals, families, and communities. This form of change and innovation will increasingly require health and human services leaders to build a *"generative ecosystem"* – a set of interconnected organizations, machines, and services that can coproduce new solutions that address and solve the root causes of individual, family, and community health and human services challenges.

For leaders and policymakers in health and human services, designing and building an ecosystem to deliver new forms and levels of outcomes poses several challenging questions:

- What do new forms of outcomes look like? How is value created, measured, and shared across organizations and stakeholders in the ecosystem?
- How can an ecosystem and services be designed with a citizen-centric view in order to minimize complexity and maximize efficiency and effectiveness?
- Where can law and policy be aligned with ecosystem strategy? What form of governance is needed to seed, secure, and sustain partners in the ecosystem?
- What technologies, machines, and data and analytics are required to not only understand, but also predict ecosystem-wide service demand?

To help health and human services leaders with these challenges, the Technology and Entrepreneurship Center at Harvard, Leadership for a Networked World, and Accenture, in collaboration with the American Public Human Services Association, convened senior-most leaders for ***The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact*** from September 22 – 24 at Harvard University in Cambridge,



Massachusetts. This eighth annual Summit provided an unparalleled opportunity to learn from and network with the world's foremost human services practitioners, Harvard faculty and researchers, and select industry experts. Summit participants gained membership to a community of peers and experts, and left the Summit prepared and poised to advance ecosystems to deliver generative outcomes and impact for individuals, families, communities, and society.

This report synthesizes the key findings from the Summit. In particular, it contains special sections on 1) an ideation session focused on how to design and sustain a generative ecosystem and 2) the "Human Progress and Human Services 2035" initiative. The report also delves into three case studies highlighting leadership in human services organizations striving to advance along the Health and Human Services Value Curve and create dynamic and collaborative ecosystems:

- In Kentucky, a diverse set of stakeholders—including a wide array of government agencies and private sector leaders—has come together to craft a multifaceted, collaborative, and data-driven strategy to combat the opioid epidemic.
- In San Diego County, Nick Macchione, the Director of the county's Health and Human Service Agency, and his team have partnered with an array of stakeholders to create *Live Well San Diego*, a hub-and-spoke movement focused on promoting health and wellness throughout the region.
- In Illinois, Mark Stutrud, the CEO of Lutheran Social Services of Illinois, has worked closely with Charlotte Haberaecker, the President and CEO of Lutheran Services in America, as well as an array of state and local stakeholders to incubate an ecosystem focused on whole-person care.

We hope that this report offers new ideas, strategies, and insights to health and human services leaders, their organizations, and their partners around the world.

Reflections from the Executive Director



What will it take to create the future of outcomes and impact? Is there a breakthrough on the horizon?

Scan the headlines and you will see innovative organizations answering these questions. GE is leveraging a digital ecosystem that enables airlines to pay for jet engine outcomes (uptime) rather than purchasing the engine. J&J is experimenting with ecosystems that can provide information and supplies to hospitals in order to build outcomes-based (patient wellness) models in healthcare. Ford has a vision for providing an ecosystem of “mobility” rather than just selling cars. And the State of Ohio is running analytics across an ecosystem to move to episode-based payments – an approach wherein service providers will receive payment based on patient health outcomes.

The 2017 Health and Human Services Summit posited that the future of outcomes and impact will indeed be based on building vibrant *health and human services ecosystems – a network of organizations, machines, and services that coproduce new solutions to solve the root causes of individual, family, and community health and human services challenges.*

Ecosystems in organizational theory certainly aren’t new – virtually every organization operates within a complex web of actors and factors. Yet now the power of artificial intelligence, machine learning, analytics, and digital platforms enable more intelligent and robust integration of organizations, people, and services. In the broader health and human services world, the movement to ecosystem-based business models means we are poised to break through the plateau of outcomes that industrial models of organizing have delivered over the past 100 years.

We need this breakthrough to happen urgently. In fact, 73 percent of Summit attendees said they are facing significant or extreme pressure to improve capacity, service delivery, and outcomes, and 89 percent said building new ecosystems is critical to success.

Yet being poised for a breakthrough and actually achieving results are two different things. To make progress, leaders will have to mobilize their stakeholders in two fundamental ways.

First, policymakers and executives in health and human services will need to harness as much as possible from private sector “outcomes-focused” business models, but realize that “impact” is measured very differently. In the market economy, broadly speaking, success for private sector ecosystems depends on growth of customers (building features that increase customer dependency on the ecosystem) and services and the resultant throughput to revenue. In the political economy of public and social sector organizations, success will be measured in outcomes that move customers to self-sufficiency (building features and services that decrease customer dependency on the ecosystem), health, and well-being. So while the underlying technological mechanisms (digital platforms, analytics, etc.) of ecosystems are quite the same, the end goal is substantially different.

Second, leaders will have to distinguish between “technical” and “adaptive” challenges in building new ecosystem-based models.¹ Technical challenges are problems or barriers that can be diagnosed and solved, generally, by applying known solutions, such as incremental innovations to governance, structures, systems, and managerial and operating processes. Technical work requires leaders and organizations to problem solve by mobilizing, coordinating, and applying current expertise, processes, and cultural norms. Adaptive challenges, in contrast, are problems or

[1] For a comprehensive analysis of Adaptive Leadership, see *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Harvard Business Press, 2009.



situations in which the gap between the values people stand for and the reality they are facing creates tension and deep anxiety. Adaptive work requires leading people through a period of learning, creative problem solving, and disequilibrium while they invent and discover what “DNA” to keep and what to discard to adapt and thrive in a new environment. The movement to ecosystem-based business models will be a huge shift in health and human services, and leaders will have to grapple with the high degree of adaptive work necessary to move people forward.

The next generation of health and human services leaders has to be digitally savvy and innovative, yet grounded in the complex realities of what makes people embrace change and transformation.

Given the caliber of thinking at this year’s Summit, I think we can get there, and I hope this report will seed your ideas and journey.

Let’s get to work!

Dr. Antonio M. Oftelie

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Executive Director, Leadership for a Networked World
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The Human Services Value Curve – A Framework

As in previous Summits, participants this year charted their transformation journey along the Human Services Value Curve, a framework for improved outcomes, value, and legitimacy. As leaders guide their enterprises up the Value Curve, the enabling business models support new outcome frontiers and greater organizational capacity.

The Value Curve comprises four levels of increasing value. Each level represents a different business model, characterized by the organizational focus guiding service-delivery.

Regulative Business Model: This model focuses on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.

Collaborative Business Model: This model focuses on supporting constituents in receiving all the services for which they're eligible by working across agency and programmatic boundaries.

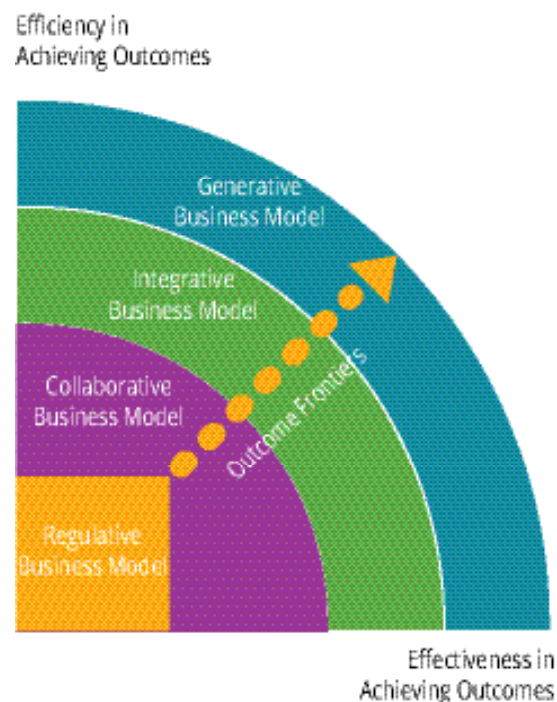
Integrative Business Model: This model focuses on addressing the root causes of client needs and problems by coordinating and integrating services at an optimal level.

Generative Business Model: This model focuses on generating healthy communities by co-creating solutions for meeting family and socioeconomic challenges, and for leveraging related opportunities.

The Human Services Value Curve is not a one-size-fits-all solution, but rather a guide to help leaders envision an evolutionary path. An organization that traverses the Value Curve becomes increasingly oriented toward outcomes, driving innovations that change both operational structure (the way work is organized) and technological structure (how information technology is used and implemented). The resulting capacity increases enable broader and more valuable impacts.

Building on several years of transformation already guided by the Value Curve, several Summit participants discussed how leaders can use the framework to realize the potential of emergent ideas and achieve greater outcomes and impact.

Human Services Value Curve





*"This Summit is about bringing together leaders to shape
the future of health and human services."*

– Rafael López
Managing Director, Accenture



Addressing the Opioid Epidemic in Kentucky

In 2015, 1,307 people died from opioid overdoses in Kentucky, resulting in Kentucky having the third-highest overdose mortality rate in the country. What's more, of the approximately 50,000 babies delivered in Kentucky that year, more than 1,000 had Neonatal Abstinence Syndrome.^{2,3} As Kentucky Governor Matt Bevin said, "We don't have the luxury of pretending there isn't a problem. Every life is worth saving. There is not a person we would not want to see redeemed and removed from this addiction, and it is up to all of us to work together and find solutions."⁴

Kentucky has responded with a multifaceted, collaborative, and data-driven strategy to combat the opioid epidemic. This approach—which includes key partners from public health, behavioral health, Medicaid, academia, and the private sector—involves efforts to improve regulation, promote healthy lifestyles, and introduce new treatment programs. However, the core of Kentucky's response revolves around an attempt to refine, integrate, and leverage the commonwealth's data on opioid abuse. "This in my mind really illustrates the need for data because the game keeps changing on us," said Allen Brenzel, the Medical Director of the Kentucky Department of Behavioral Health, in a reference to the fact that the kind of opioid that people are abusing has repeatedly shifted. "This is one of those things where knowing what's happening and how the problem is evolving has been critical."

[2] "Addressing the Opioid Epidemic in Kentucky," Presentation by Jonathan Ballard, Allen Brenzel, Gil Liu, and Kimberlee Richardson at the 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact at Harvard University in Cambridge, Massachusetts on September 23, 2017. Hereafter cited as, "Addressing the Opioid Epidemic in Kentucky." Unless noted, the remaining data in this case—including subsequent quotations from and attributions to Ballard, Brenzel, Liu, Richardson, and Julie Boatright Wilson (the session's moderator)—come from this presentation.

[3] "Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother's womb." "Neonatal abstinence syndrome," MedlinePlus, U.S. National Library of Medicine, last updated on October 3, 2017, available at <https://medlineplus.gov/ency/article/007313.htm> (accessed on October 8, 2017).

[4] "Gov. Bevin Urging All Kentuckians To Help Combat Opioids," Commonwealth of Kentucky, July 6, 2017, available at <http://kentucky.gov/Pages/Activity-stream.aspx?n=KentuckyGovernor&prid=407> (accessed on October 8, 2017).

While the strategy of leveraging data more effectively is sound, it is by no means guaranteed to succeed. Rather, Kentucky officials have had to wrestle with—and will continue to confront—difficult questions. Could they persuade departments accustomed to operating in silos to share data and cooperate? Could they overcome the political, legal, financial, and technical barriers to data integration? Could they foster cooperative relationships with local health departments and draw on data to design effective intervention strategies? Most fundamentally, could they develop a collaborative ecosystem that leverages insights from the Health and Human Services Value Curve to accelerate outcomes, and in the process, combat an enormous public health threat?

“We may have lacked the constructs and the names of the strategies, but I think what we have developed is an ecosystem, and we have been moving up the Health and Human Services Value Curve without knowing it.”

- Dr. Allen Brenzel

Medical Director, Kentucky Department of Behavioral Health

Background on the Opioid Epidemic

Since 1999, the rate of opioid overdose deaths has nearly quadrupled nationally.⁵ Nonetheless, the epidemic represents a particularly acute challenge in Kentucky. This is in part because of the decline of the state’s economy and civic infrastructure (especially in rural areas) as well as the excessive prescription and marketing of painkillers.⁶ It also stems from the fragmented structure of the public health system. Kentucky has 120 counties, each with its own health department. Unfortunately, many of these agencies are small and under resourced, meaning that the communities that are most vulnerable to opioid abuse are least equipped to address it. Harvard Kennedy School faculty member Julie Boatright Wilson observed:

The opioid crisis...is not affecting the normal group that we’ve been working with in the concentrated areas. It’s often in the rural areas where there are fewer resources, and as our budgets have shrunk, we have closed hospitals, health clinics, other services in those areas, and it’s a population with whom we have not necessarily had a lot of connections over time. And so, the challenge for many of the states is in under-resourced areas...how do we manage to pull everything together and work collectively to address this?

2010-2014: The Response Begins

In 2010, as Kentucky officials started plotting their response to the opioid epidemic, they began to confront a foundational problem: they lacked integrated, comprehensive data about opioid abuse. The challenge lay in part with the fact that data was closely guarded in organizational silos.⁷ In addition, there were significant barriers to greater cooperation, including laws governing access to data; a paucity of funding, staff, and infrastructure; and political concerns about the state “operating ‘big data’ repositories.” Of the latter difficulty, Brenzel said, “I can remember testifying and breaking into a sweat knowing three or four representatives were going to come after me on this issue.”

The absence of strong, integrated data created significant impediments to effective policymaking. One was what Brenzel characterized as a “baseline myopia” in individual agencies and offices. These entities used their data to create internal reports that were often used to justify expanding existing strategies but shed little light on what was causing

[5] The increase in opioid overdose deaths is the main reason that drug overdose deaths “are now the leading cause of accidental death in the U.S.” Andrew Kolodny, “The Opioid Epidemic in 6 Charts,” *CBS News*, October 5, 2017, available at <https://www.cbsnews.com/news/opioid-epidemic-in-6-charts/> (accessed on October 8, 2017).

[6] For a detailed treatment of how socioeconomic and sociocultural decline have fueled the opioid epidemic, see Sam Quinones, *Dreamland: The True Tale of America’s Opiate Epidemic*, Bloomsbury Press: New York, 2015.

[7] The entities operating in silos included the Child Welfare Agency and the Departments of Behavioral Health, Public Health, and Medicaid Services (all of which were housed in the Cabinet for Health and Family Services); the Department of Corrections; law enforcement agencies; the Office of the State Medical Examiner; and offices and agencies focused on workforce and economic development.

the epidemic. Absent a foundational understanding of the crisis, state policy was driven by well-intended but fallacious assumptions, including, as Brenzel said, that “abstinence is the only true form of treatment.” Finally, the state lacked common definitions and agreed-upon outcome measures, making it impossible to capture who was dying and overdosing, complicating efforts to grasp the full scope of the crisis, and creating a frustrating process in which officials scrambled to respond to one-off data requests. “We spun our wheels a lot,” Brenzel said, “because we did not have consistent data, and it was due to the one-off data request that was leading with different definitions.”

House Bill One: “Regulation of Pain Clinics and Prescription Drug Abuse”⁸

Without strong baseline data, let alone a collaborative atmosphere, Kentucky was not ready to pursue integrative and generative approaches to combat the opioid epidemic. Rather, it initially focused on regulating prescriptions for opioids. In 2012, the legislature passed House Bill One, which attempted to curtail inappropriate and possibly illicit prescription of opioids. Among other steps, the legislation promoted “strong scope of practice expectations for opioid prescribing” and mandatory continuing medical education and possible sanctions for practitioners who did not adhere to those guidelines. In addition, in an effort to bolster Kentucky’s use of data in their prescription drug monitoring program (Kentucky All Schedule Prescription Electronic Reporting--KASPER), the commonwealth mandated that practitioners use KASPER to access data on opioid prescriptions. This data set allowed Kentucky to identify prescribers who were falling outside the norm for opioid prescriptions and simultaneously begin to acquire and illustrate the benefits of robust data. The sense, as Brenzel recalled, was, “We can now show you who the bad actors are. We can show you what’s happening out there.”



“You’re not going to solve it with one company, one technology, one Medicaid, one state. It’s going to take collaboration, and they [Kentucky] represent the collaborative effort.”

– Dr. Michael Petersen
Chief Medical Officer-Accenture Opioid Epidemic Solution

2015-2016: The Response Evolves

In 2015, following the election of Matt Bevin as governor, Kentucky began a push to acquire and leverage more sophisticated data in its response to the opioid epidemic. “Their [the Bevin Administration] level of frustration with the lack of data is one of the things that drove us,” Brenzel recalled. “They found that only beginning steps had been accomplished in terms of the data integration and data infrastructure.”

Thus, Bevin and his staff accelerated efforts to establish globally agreed-upon measures, integrate data across departments, and hold meetings where leaders from different agencies would share and analyze information.

Kentucky also forged a public-private partnership with Aetna, a managed health care company with more than 250,000 Medicaid members in Kentucky, to enhance the commonwealth’s data and analytics work. Specifically, Kentucky and Aetna began employing predictive modeling tools to use available data (e.g., medical, behavioral, and pharmaceutical records) to identify Kentuckians who might be at risk. Of the partnership’s long-term objectives, Kimberlee Richardson, the Director of Behavioral Health at Aetna, said, “What we would like to do, as our deep dive into analytics moves a bit further, is really look to see: What are the trends that the data is showing us? Are there particular geographic areas where the risk factors are higher? ...Do the identified members share any significant common factors?”⁹ Richardson added, “In Kentucky, Aetna is using their own internal data and partnering with external experts to implement strategies

[8] “House Bill 1 Information,” Kentucky Board of Medical Licensure, Commonwealth of Kentucky, 2016, available at <https://kbml.ky.gov/hb1/Pages/default.aspx> (accessed on October 9, 2017).

[9] “Addressing the Opioid Epidemic in Kentucky.”

for improving health outcomes based on analytics. The data illustrates where gaps in care may be occurring and the avenues in which Aetna can deploy additional resources in order to support a healthier ecosystem.”¹⁰

Taken together, these efforts allowed Kentucky to leverage data and an increasingly collaborative ecosystem to enhance its response to the opioid epidemic. A case in point involved the implementation of Senate Bill 192, which supported the creation of local Harm Reduction Syringe Exchange Programs (HRSEP).¹¹ In a sign of Kentucky’s more sophisticated use of integrated data, the state overlaid the needle exchanges in counties that were considered most vulnerable to HIV and hepatitis C outbreaks; this was because of growing concern that the needles used to abuse opioids could contribute to the spread of hepatitis C and HIV.¹² In addition, in a move that reflected an increasingly collaborative dynamic, officials from the Justice and Public Safety Cabinet sought advice from behavioral health officials about how to spend approximately \$20 million in substance use disorder funding that they had received as part of the legislation. “The good news,” Brenzel said, “is we built an ecosystem where they came to us and said, ‘We need help in using data to determine how to target and buy quality services, we need help in engaging in active contract management around this.’ And they did work with us, which has brought us all to the table.”

The collaborative and statistically driven approach soon permeated the broader response to the opioid epidemic. Following numerous public requests for data, Kentucky officials created county profiles on opioid-related issues as well as publicly facing dashboards with granular local data. They also partnered with the University of Kentucky’s Injury Prevention and Research Center and began incorporating real-time syndromic surveillance data to help to guide the distribution of resources, such as Mobile Harm Reduction Units, to communities in need.¹³ Finally, Kentucky undertook preventative measures, including partnering with public schools to promote healthy lifestyles and awareness surrounding opioid abuse. “We’ve started thinking about that continuum,” said Jonathan Ballard, the State Epidemiologist in the Department for Public Health. “How do we address the next wave in addiction prevention?”



“This epidemic in my mind really illustrates the need for data because the game keeps changing on us. This is one of those things where knowing what’s happening and how the problem is evolving has been critical.”

- Dr. Allen Brenzel,
Medical Director, Kentucky Department of Behavioral Health

[10] Personal communication with Kimberlee Richardson, Director of Behavioral Health, Aetna, by e-mail, on October 24, 2017.

[11] A Harm Reduction and Syringe Exchange Program “allows a local health department to operate an outreach program in which individuals can exchange used hypodermic needles and syringes for clean needles and syringes.” “Kentucky Harm Reduction and Syringe Exchange Program (HRSEP): Guidelines for Local Health Departments Implementing Needle Exchange Programs,” Kentucky Public Health, Commonwealth of Kentucky, May 11, 2015, available at <http://chfs.ky.gov/NR/rdonlyres/E7FBC3DC-E365-4CD8-93BF-FA797052303A/0/HRSEPGuidelinesLongVersionFINAL.pdf> (accessed on October 9, 2017).

[12] These fears were influenced by a national analysis that revealed that of the 220 counties across the country that were most vulnerable to an HIV outbreak, 54 were located in Kentucky. In addition, the spread of HIV in nearby Scott County, Indiana fueled apprehensions about a possible HIV or hepatitis C outbreak in Kentucky. “CDC Warns More HIV, Hepatitis C Outbreaks Likely Among Drug Users,” *NPR*, April 24, 2015, available at <http://www.npr.org/sections/health-shots/2015/04/24/401968600/cdc-warns-of-more-hiv-hepatitis-c-outbreaks-in-drug-users> (accessed on October 9, 2017).

[13] A Mobile Harm Reduction Unit is a “roving trailer deployed at [the] invitation of local health departments to assist with dispensing Naloxone.” “Naloxone is a medication designed to rapidly reverse opioid overdose.” “Addressing the Opioid Epidemic in Kentucky”; and National Institute of Drug Abuse, National Institutes of Health, revised September 2016, available at <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio> (accessed on October 9, 2017).

2017 and Beyond: Expanding the Response and The Path Ahead

A little over seven years after recognizing that their response to the opioid epidemic was fractured and statistically ill-informed, Kentucky officials still see room for improvement. This is in no small part because the rate of overdose deaths increased by 7.4 percent from 2015 to 2016. Thus, state officials are continuing to explore new reforms. These include leveraging data “to drive targeted interventions”; partnering with Aetna to distribute medication; and working across state agencies to create more cross-disciplinary treatment programs. Of Kentucky’s diverse tactics, Gil Liu, the Medical Director for the Kentucky Department for Medicaid Services, said, “We are riding every big ticket we can, to build new information technology and form bigger response teams through resources such as Medicaid waiver proposals, federal programmatic funding associated with the 21st Century Cures, and research grants.”

Nonetheless, there is a growing recognition that the state is at the cutting edge of combatting the opioid epidemic. In one sign of progress, Kentucky now has 39 Harm Reduction Syringe Exchange Programs, many of which are already producing significant cost savings by bringing new patients into the health care system, allowing for less expensive preventative treatment; and importantly, they are bolstering public health by helping to prevent the spread of HIV and hepatitis. In addition, Kentucky’s Department for Medicaid Services is partnering with other state agencies and payers to support an innovative program focused on combatting Neonatal Abstinence Syndrome. More broadly, there is a sense that Kentucky officials have transformed a previously conflictive landscape and created a collaborative and statistically driven ecosystem that is helping the commonwealth to push toward the generative stage of the Health and Human Services Value Curve. Brenzel reflected, “We may have lacked the constructs and the names of the strategies, but I think what we have developed is an ecosystem, and we have been moving up the Health and Human Services Value Curve without knowing it.”

Insights for Utilizing the Health and Human Services Value Curve to Accelerate Outcomes and Impact:

- **Dig Into Data Purposefully:** Rather than simply using data to gauge progress, Kentucky officials leveraged data to define more clearly and uncover and address the causes of the opioid epidemic.
- **Translate Crises Into Opportunities:** Kentucky officials recognized that the public outcry and health threats from the opioid epidemic created a singular opportunity to pursue reform.
- **Corral A Moving Target:** Health officials realized that the form of opioid abuse was shifting and that they would need to draw on data and collaborate to respond to those changes.
- **Leverage Local Ecosystems:** One of the challenges Kentucky faced was the existence of myriad local health departments. Rather than impose reform from the top, state officials partnered with local leaders to create a vertically integrated ecosystem.

A man with short brown hair, wearing a blue and white checkered button-down shirt and dark trousers, stands in front of a chalkboard. He is looking towards the camera with a neutral expression. The chalkboard behind him has handwritten text in white chalk. The text is organized into three bullet points. The first bullet point says '- Know the rules → W.I.L.I.N.E'. The second bullet point says '- Discreetly calculating them'. The third bullet point says '- Calculate pressure.'.

- Know the rules → W.I.L.I.N.E
- Discreetly calculating them
- Calculate pressure.

"None of you is going to get anything done without using power to influence. The question is, are we being deliberate in how we're building our networks in order to be able to leverage that power, especially when it matters?"

– David Ager

Senior Fellow, Executive Education, Harvard Business School



Building a Thriving Community: The Case of *Live Well San Diego*

In 2008, Walt Ekard, the Chief Administrative Officer for San Diego County, asked Nick Macchione, the newly-promoted director of the county's Health and Human Services Agency, to address a complex and significant question: "How do we help San Diego become a healthier region for the entire county, representing more than three million residents?"^[14] Macchione responded by engaging his staff and an array of county, city, and community partners to develop a health strategy, which elected officials used as a launching point for what would become *Live Well San Diego*, a multi-pronged "vision for a region that is building better health, living safely, and thriving."^[15] To achieve these goals, the county team planned to employ a variety of core strategies, including strengthening the service delivery system, effecting policy and environmental change, supporting positive choices, and improving the culture from within one's organization. They also identified areas of influence (e.g., health and knowledge) to be measured by a set of key indicators. Above all, the fate of this initiative would hinge on the ability of the county team to establish trust and build an ecosystem that spanned organizational and jurisdictional boundaries, moving beyond politics. Macchione emphasized, "It's about relationships. It's about beliefs. It's about integrity. It's about legitimacy. It's all about improving lives."

"How do we have harmonization of hearts and minds to get people to take action, and how do we do that in a way that's improving lives?"

– Nick Macchione

Director, Health and Human Services Agency, San Diego County

While the vision for *Live Well San Diego* was inspirational, achieving it would require this team and their partners to address challenging questions. Could they create momentum and draw on lessons from related reform efforts of

[14] "Live Well, San Diego! Building Better Health," County of San Diego, November 8, 2011, available at http://www.sdcounty.ca.gov/dmpr/gfx/Live_Well_Annual_Report/files/live%20well%20annual%20report.pdf (accessed on October 14, 2017).

[15] "Live Well San Diego: A Local Approach to a Human-Serving Ecosystem," Presentation by Nick Macchione, Agency Director, Health and Human Services Agency, County of San Diego, CA, at the 2017 Health and Human Services Summit: Creating a Culture of Outcomes and Impact at Harvard University in Cambridge, Massachusetts on September 24, 2017. Hereafter cited as "*Live Well San Diego*." Unless noted, the data in the remainder of this case study—including subsequent quotations from and attributions to Macchione—come from this presentation.

comparable government organizations? Could they improve synergy within the Health and Human Services Agency? Would the full community engage? Would Macchione and his colleagues be able to broach political topics and assuage the concerns of skeptics? Could they scale the Health and Human Services Value Curve and build a more efficient, coordinated, and thriving ecosystem that would make San Diego a safer and healthier region for decades to come?

Background

Stretching from the Pacific Ocean in the west to the mountains and desert in the east to the world's busiest international border crossing to the south to the Camp Pendleton military base to the north, San Diego County is a large, diverse jurisdiction that faces significant health and human services challenges. In 2017, the region was home to 3.3 million residents spread over 4,500 square miles of urban, suburban, rural, and agricultural communities. Across this diverse terrain, the region wrestled with a range of health and human services issues, including homelessness, poverty, the spread of infectious diseases, and health and wellness in military installations and sovereign Native American communities.



2008-2010: Devising A Strategy

As Macchione and his colleagues leapt into action, they focused in part on how to build upon the progress achieved from earlier organizational reforms. San Diego's journey along the Health and Human Services Value Curve had begun in 1998 when the county's Board of Supervisors made two critical decisions. First, they introduced a general management system that established core business principles for the entire county government. According to Macchione, this positioned San Diego in the Health and Human Services Value Curve's regulative stage. Second, they approved the merger of six separate county health and human services departments into a single agency. Completed in 1998, this massive merger helped San Diego advance to the collaborative stage of the Health and Human Services Value Curve by combining the six departments that had long worked on related issues, often for the same client populations, but could now coordinate more closely and effectively on strategy, priorities, and resource distribution.¹⁶ Ten years later, officials felt ready to take additional steps, but they recognized that they had to sustain the diligent spirit that had animated previous progress. "We have to be experts in the regulative space," said Macchione. "We have one hand on regulative and the other stretched all the way to the generative stage while we manage everything in between."

*"Government can't do it alone.
Non-profit can't do it alone.
For-profit can't do it alone. But,
collectively we can."*

– Nick Macchione
Director, Health and Human Services Agency, San Diego County

As the county team considered how to achieve real transformation, they realized that they needed a broader vision. As Macchione noted, the county's reform push in the late-1990s had been driven by sweeping reforms in federal welfare policy, coupled with severe budget deficits. By 2008 and 2009, San Diego County was dealing with some profound challenges, including a growing number of adults and children struggling with chronic disease and rising healthcare costs. The skyrocketing cost of "sick care," childhood obesity, diabetes, heart disease, strokes, cancers, and respiratory problems was costing billions of dollars in direct medical care expenditures within the county alone. The vast majority of these health problems were related to behavior and the environment in which one lives. At this time, the Health and Human Services Agency adopted a simple, actionable message and strategy: "3-4-50," where three unhealthy behaviors (poor nutrition, lack of exercise, and tobacco use) led to four diseases

[16] Integrated Health Community Portal, Health and Human Services Agency, County of San Diego, 2017, available at <https://sd-ihc.communityos.org/zf/profile/agency/id/385020> (accessed on October 14, 2017).



(cancer, heart disease/stroke, diabetes, and respiratory illnesses) that were responsible for over 50 percent of deaths countywide.¹⁷ As the federal government debated health care reform, Macchione and his team decided to cast their net widely and focus not just on health reform but instead on emphasizing “wellness” via community engagement. Macchione explained, “We said, ‘We don’t want to do this by institution only. We want to take the opportunity now to do this with a real community-wide social movement.’” With the full backing of the Board of Supervisors, this is how the blueprint for *Live Well San Diego* took shape.

Over the next two years, using the focus on wellness and community engagement as guiding tenets, the county team completed the *Live Well San Diego* playbook. Pictorially captured in a pyramid, the framework illuminates the *Live Well San Diego* vision (“building better health,” “living safely,” and “thriving”); implementation strategies; areas of influence; and key indicators, the two most important of which, according to Macchione, are life expectancy and quality of life.¹⁸ (See the pyramid framework on the next page.) Macchione and his team—along with community partners, local economists, and researchers—then established metrics for each of these indicators. Displayed on an online performance dashboard and data access portal, these metrics allow the county to “measure the collective impact of efforts by the county, community partners, and stakeholders over the short and long term.”¹⁹ The framework allowed the county and its partners both to drill down into granular details and also to convey the program’s objectives with what Macchione characterized as “potent simplicity.” The goal was clear: help cut through complexity to see and achieve practical innovation.

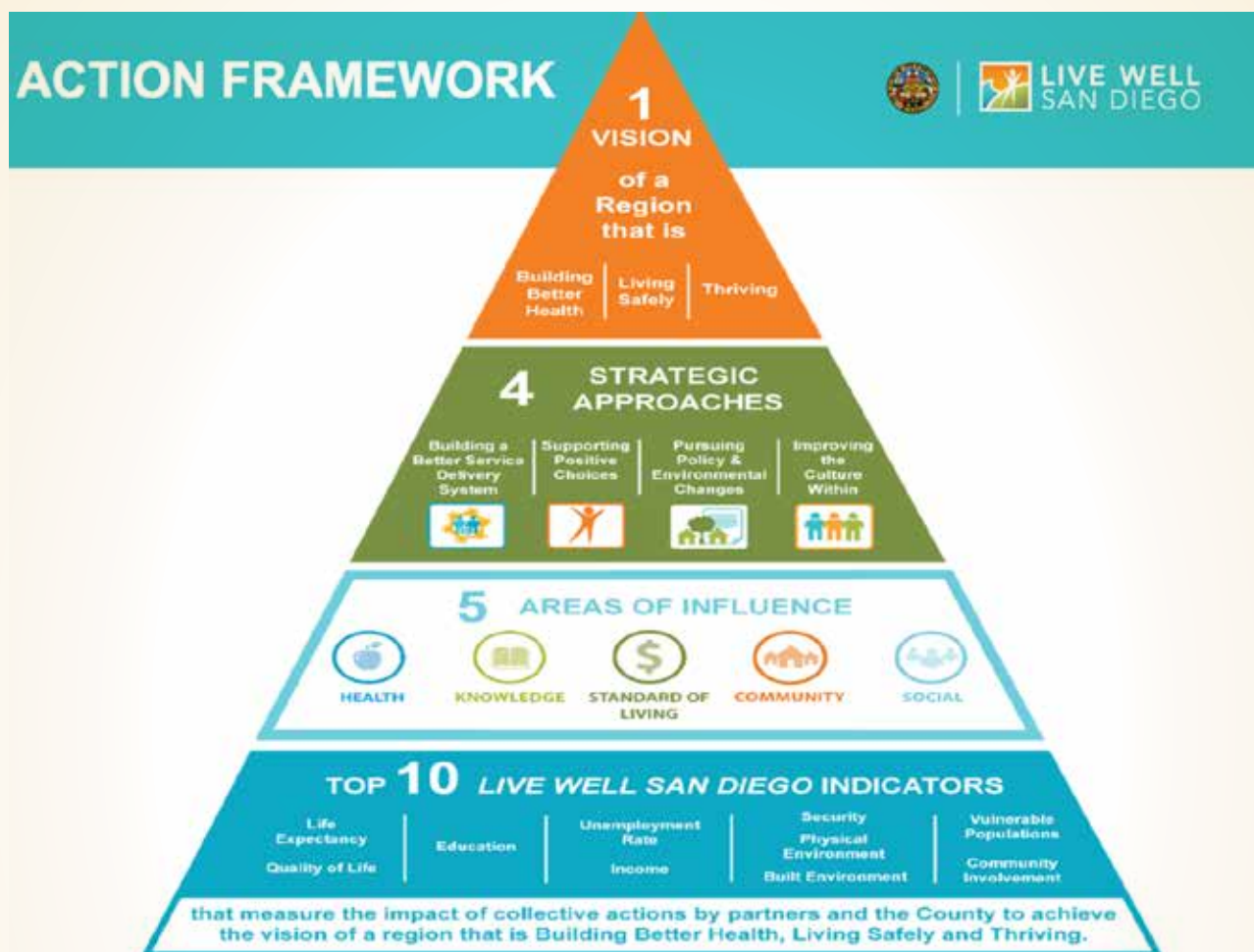
He added, “That’s simply San Diegans helping San Diegans live well.”

[17] “What is 3-4-50,” Health & Human Services Agency, County of San Diego, available at http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/3-4-50.html (accessed on October 25, 2017); and “Building a Thriving Community: *Live Well, San Diego*,” An Insight from the 2013 Human Services Summit, Leadership for a Networked World, available at <https://lnwprogram.org/content/building-thriving-community-live-well-san-diego> (accessed on October 25, 2017).

[18] The other indicators are education, the unemployment rate, income, security, physical environment, built environment, vulnerable populations, and community involvement.

[19] “Indicators Dashboard and Data Portal,” *Live Well San Diego*, available at <http://www.livewellsd.org/content/livewell/home/data-results/indicators-dashboard-and-data-portal.html> (accessed on October 25, 2017); and “About *Live Well San Diego*,” *Live Well San Diego*, available at <http://www.livewellsd.org/content/livewell/home/about.html> (accessed on October 25, 2017).

Live Well San Diego Action Framework



Source: "Live Well San Diego: A Local Approach to a Human-Serving Ecosystem," Presentation by Nick Macchione, Agency Director, Health and Human Services Agency, County of San Diego, CA, at the 2017 Health and Human Services Summit: Creating a Culture of Outcomes and Impact at Harvard University in Cambridge, Massachusetts on September 24, 2017.

The creation of a shared action framework helped to bind together the *Live Well San Diego* movement by articulating a universal vision, strategies, areas of influence, and key indicators. This facilitated the creation of a set of metrics, captured in an online performance dashboard and data access portal that allowed the movement's stakeholders to gauge their collective progress. Thus, the pyramid itself conveyed the program's objectives with what Macchione characterized as "potent simplicity" but still allowed for the creation of more complex tools and metrics to measure progress across a variety of carefully prioritized issue areas.

2011-2014: Implementation

The county team next faced the challenge of implementing their approach. From Macchione's perspective, this first demanded implementing the *Live Well San Diego* vision in his 6,000-person agency. Macchione reflected, "We needed to realize, very importantly, what we were going to do with folks in the community, we had to do ourselves as well. This was very, very important because it was forcing us to change our culture from how we were operating inside government." To facilitate this shift, Macchione introduced an action strategy focused on five key principles: "keep it simple"; "keep it local"; "keep it connected"; "keep it real"; and "keep it positive." This required maintaining a sharp focus on *Live Well San Diego's* overarching goal, promoting local wellness. It also involved introducing a new cutting-edge knowledge integration program, ConnectWellSD, to facilitate technological data systems integration and place an early focus on some of the region's most-pressing problems. Above all, it entailed identifying ways to grow and remain upbeat in the face of adversity. Macchione therefore encouraged his team repeatedly to ask themselves— "How do we harmonize to humanize?"—and at the same time to remember that enduring "mockery by the present" will yield a payoff: "the betterment of the future."

As Macchione and his colleagues generated internal momentum within the Health and Human Services Agency and then the entire county government, they shifted their focus to identifying community partners—including municipal governments, companies, and non-profits—that could help them to realize *Live Well San Diego's* vision. Macchione and his team sought to partner with organizations that would pledge to advance the *Live Well San Diego* framework; support *Live Well* events (e.g., the *Live Well San Diego* 5K and health and safety fairs); and participate in community leadership teams, improvement plans, and leadership academies.^{20, 21}

Establishing these partnerships entailed reconceiving the agency's role as not just a service provider but also a trusted convener in a broader ecosystem. To illuminate this, Macchione introduced the metaphor of a wheel in which the Health and Human Services Agency was the hub and had spokes that extended to local partners. This embodied Macchione's belief that, "We don't consult with the community. We collaborate with the community in order to transcend and to get integrated in the generative space."

"It's about relationships. It's about beliefs. It's about integrity. It is about legitimacy. It's all about improving lives."

– Nick Macchione

Director, Health and Human Services Agency, San Diego County

Achieving this collaborative dynamic also required capitalizing on concrete opportunities. For example, in 2011, the mayor of Oceanside, a city in San Diego County, reached out about the possibility of partnering with the Health and Human Services Agency. To Macchione, this seemed odd because there was no working relationship between Oceanside and the county government over health and human services policies. Nonetheless, the county established a partnership with Oceanside—which was wrestling with serious health issues, including obesity—because it would help to advance the *Live Well San Diego* vision.²² Looking back, Macchione suggested that this helped to illustrate the advantages of having an inclusive platform. He reflected:

That opened our eyes to say, 'Look at the resources we had and the remarkable effort of having a city not actively engaged and working in health in all policies, come along as wellness being the unifier.' ... We said, 'It's about all San Diegans living well and that we could only live well if we all live well.'

[20] "Live Well San Diego 5K," *Live Well San Diego*, available at <http://www.livewellsd.org/content/livewell/home/livewellsd5k.html> (accessed on October 25, 2017).

[21] The health fairs focused on heart and emotional health. *Live Well San Diego* also organized an annual "Live Well Advance" that brought together partners to celebrate their work, network, and participate in breakout sessions on different health topics. The event embodied the movement's ethos. As Macchione said, "We don't retreat. We advance." "Love Your Heart," *Live Well San Diego*, available at <http://www.livewellsd.org/content/livewell/home/love-your-heart.html> (accessed on October 25, 2017); "Check Your Mood," *Live Well San Diego*, available at <http://www.livewellsd.org/content/livewell/home/news-events/check-your-mood.html> (accessed on October 25, 2017); and "Live Well Advance Brings Together County of San Diego Wellbeing Stakeholders," San Diego Workforce Partnership, 2017, available at <https://workforce.org/news/live-well-advance-brings-together-county-san-diego-wellbeing-stakeholders> (accessed on October 25, 2017).

[22] Adding to the drama, a prominent Oceanside resident, former NFL linebacker Junior Seau, died several days before a joint public



By the end of 2014, *Live Well San Diego* had forged 51 community partnerships, and in the process, it had helped to foster an atmosphere of accelerated trust that gave *Live Well San Diego* a vital attribute for ascending the Health and Human Services Value Curve: legitimacy. Macchione elaborated, “*Live Well San Diego* is about improving lives and helping people live well, and that’s good for the *Live Well* partners because then there’s legitimacy. Public trust fosters an environment of empathetic listening and understanding and can translate into meaningful action and community benefit.”

2015-2016: Expansion

Over the next two years, Macchione and his team deepened *Live Well San Diego*’s impact in their agency and across the community, where they helped to forge more than 250 additional partnerships. However, they also realized that to reach the generative stage of the Health and Human Services Value Curve, they needed to integrate *Live Well San Diego* into the county government’s broader strategy. This was challenging because, even though senior county officials had supported the creation of the *Live Well San Diego* framework, county staff still were learning what *Live Well* meant and how it was reflected in their work. Macchione—who noted that some community stakeholders still did not believe in *Live Well San Diego*’s impact—explained, “Mockery lane for me included some good friends and key community partners.”

Macchione and his staff addressed this skepticism in several ways. First, they evinced what Macchione characterized as “fierce determination and integrity,” rooted in their “conviction that what they were doing was not for themselves, but their whole families and neighborhoods.” Second, when attempting to persuade community stakeholders to integrate *Live Well San Diego* into a broader countywide strategy, they communicated strategically. Instead of discussing sensitive issues and programs (e.g., poverty and minimum wage), they framed wellness in economic terms likely to resonate with all of the stakeholders. “It’s the healthy bottom line,” Macchione said. “Healthy people, healthy communities, [and a] healthy economy.”

Through persistence and open communication, county officials saw the value in incorporating *Live Well San Diego* into the county’s fiscal year 2016-17 budget. This was critical because, as Macchione said, an organization’s “budget is a reflection of [its] strategy.” What’s more, this facilitated the creation of enterprise-wide performance indicators and outcomes that the county could impact. This was because *Live Well San Diego* “us[ed] a shared measurement system [that] allows all partners to focus collective efforts and track collective progress.”²³

appearance involving Oceanside’s mayor and Macchione. The mayor wanted to maintain the appearance because, as Macchione recalled, he believed that is what Seau would have wanted. The timing of the event, so soon after Seau’s death, increased the media presence.

[23] “Adopted Operational Plan Fiscal Years 2016-2017 and 2017-2018,” County of San Diego, p. 39, available at http://www.sandiegocounty.gov/content/dam/sdc/auditor/pdf/adoptedplan_16-18.pdf (accessed on October 25, 2017).

Specifically, individual county departments could now craft strategies and performance metrics that fed into the overall metrics, enterprise performance indicators, and areas of influence identified in the *Live Well San Diego* framework. For example, one of the enterprise performance indicators is economic wellbeing; this is measured in part by housing affordability (i.e., the percentage of the population spending less than a third of household income on housing). With this goal and metric explicitly identified in the county framework, the county's Land Use and Environmental departments, Health and Human Services Agency, and Public Safety departments began amplifying and coordinating their respective efforts to issue new housing permits, build new housing units, and provide housing-related community services and supports. Several county agencies were working together to realize an integral objective in the *Live Well San Diego* framework.

Of the significance of these new cooperative efforts, Macchione added, "That has been a colossal shift, that we now have an inclusive vision with an understanding of what we're all attempting to do in helping San Diegans live well by building better health, living safely, and thriving, and defining the strategic approaches about delivery systems."

2017 and Beyond: Impact and the Path Ahead

Seven years after launching *Live Well San Diego*, Macchione and his colleagues recognize that fully realizing this vision means that it will continue to evolve and essentially be an ongoing work in progress. Demographics, political leadership, public policy, and economies are dynamic. *Live Well San Diego* stakeholders understand that there will therefore always be a need for repositioning, course correcting, and refreshing their efforts in continual pursuit of the *Live Well San Diego* vision. For example, San Diego continues to face significant health issues, such as a recent hepatitis A outbreak. The *Live Well San Diego* movement also continues to evolve, now developing a generative governance model and connecting siloed data systems.

Nonetheless, *Live Well San Diego* has already made an extraordinary impact. As of November 2017, *Live Well San Diego* had 331 partners, allowing the movement to touch over 75 percent of county residents. Many of the key performance indicators exceed state and national averages.²⁴ Above all, the county team has demonstrated how a collaborative ecosystem can propel a community along the Health and Human Services Value Curve. Macchione concluded, "Government can't do it alone. Non-profit can't do it alone. For-profit can't do it alone. But, collectively, we can."

Insights for Utilizing the Health and Human Services Value Curve to Accelerate Outcomes and Impact:

- **Keep It Simple:** A clear, straightforward mantra attracts and propels a broader movement.
- **Practice What You Preach:** Achieving external change requires first implementing internal reform.
- **Framing Matters:** Generate buy-in from divergent political viewpoints by emphasizing the connection to shared goals, such as "wellness" and overall economic wellbeing.
- **Remain Persistently Positive:** In the face of skepticism, remain both optimistic about and committed to achieving ambitious reform objectives.

[24] "Live Well San Diego Indicators," Live Well San Diego, available at <http://www.livewellsd.org/content/dam/livewell/indicators/Framework%20UPDATED%2010-23-15.pdf> (accessed on October 14, 2017).



Creating an Outcomes-Focused System at Lutheran Social Services

In fall 2014, Mark Stutrud was fishing for salmon in Michigan's Pere Marquette River when a colleague introduced an intriguing but fraught proposition: interviewing to become the CEO of Lutheran Social Services of Illinois (LSSI), the largest statewide social service agency in the state. As Stutrud cast his line, he considered the challenges: low morale, a looming state fiscal crisis that could imperil LSSI's funding, and a litigious environment that had led to 80 consent decrees. "My first question," recalled Stutrud, then the President and CEO of Lutheran Social Services of Michigan, "was, 'Why, God, would you ever call me to this situation?'"²⁵

Upon further reflection, Stutrud realized that the difficulties meant that the environment was ripe for reform. More specifically, Stutrud recognized a chance to create a partner-driven ecosystem that prioritized "whole-person care." This would enable him and his colleagues to help tens of thousands of people in need, identify strategies that could permeate the national network of Lutheran social services organizations, and position him to pursue what he considered a higher purpose. "It is a faith-based journey, a call for me," he said of his decision to lead LSSI.

Nonetheless, Stutrud, his staff, and their partners at the local, state, and national level faced vexing challenges. Could they solve a looming fiscal crisis? Could they design an ecosystem that supported a whole-person approach? Could they incubate programs that seeded the ecosystem's development? Could they create the technological and data infrastructure, financial support, and leadership and governance structure to ensure that the ecosystem would thrive for years to come?

[25] "Lutheran Social Services of Illinois," Presentation by Charlotte Haberaecker, President and CEO, Lutheran Services in America, and Mark Stutrud, CEO, Lutheran Social Services of Illinois, at the 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact at Harvard University in Cambridge, Massachusetts on September 23, 2017. Hereafter cited as Lutheran Social Services of Illinois presentation. Unless noted, the data in the remainder of this case study—including subsequent quotations from and attributions to Haberaecker and Stutrud—come from this presentation and follow-up interviews conducted with Haberaecker and Stutrud by telephone on November 7, 2017 and November 9, 2017.

Background on LSSI and Lutheran Services in America

LSSI provides diverse services—including “foster care, adoption, mental health and substance use treatment, home care, and affordable housing”—to approximately 63,000 people per year in programs and at sites across the state.²⁶ LSSI is also part of Lutheran Services in America (LSA), a network of more than 300 Lutheran nonprofit organizations that together provide \$21 billion in services to approximately 6 million of the highest-need Americans per year.²⁷ LSA leverages the power of its national network by bringing together the collective knowledge and experience of member organizations to go beyond what any one organization could achieve on its own. LSA identifies best practices, engages national partners, designs pilots and shares outcomes, trains adaptive and resilient leaders, and advocates for public policies that advance the interests of vulnerable Americans. As a national network, LSA incubates new ideas that not only accelerate learning but also create collective solutions that improve client outcomes and strengthen member organizations.

What’s more, under the leadership of Charlotte Haberaecker, who became LSA’s President and CEO in 2012, the network recognized the power of person-centered care to achieve strong health outcomes, and LSA is working with leaders throughout the network to develop new models of care and revenue strategies that promote a whole-person, outcome-focused approach. “We recognized,” Haberaecker explained, “that unless we...understand and resolve the underlying symptoms and the causes of the problems, we’re not going to be able to afford people the care they need. That means we need to look holistically at people.”

October 2014 – January 2016: Navigating a Budget Crisis and Envisioning an Ecosystem

Soon after becoming LSSI’s CEO in October 2014, Stutrud had to help pull the organization back from a budget crisis that was precipitated by the State of Illinois’ unprecedented fiscal woes.²⁸ Beginning in July 2015, Illinois operated without an official budget for more than two years. Described by *The New York Times* as “the longest state budget impasse in the nation’s modern history,” the standoff caused the state to miss payments to creditors and forced a range of organizations to make cutbacks.²⁹ This included LSSI, which, after not receiving more than \$8 million in payment from the state for services provided, announced that it was closing 30 programs and eliminating over 750 positions (43 percent of LSSI’s staff). “These decisions were the result of a thorough and painful process,” Stutrud said in a press release. “We know this will impact clients, their families, our employees, and communities throughout Illinois.”^{30, 31}

As Stutrud, his colleagues, and their partners evaluated their spending, they realized that the fiscal woes coincided with other environmental shifts that created an opportunity for LSSI to reimagine its work in an outcome-driven

[26] Lutheran Social Services of Illinois presentation; and “Frequently Asked Questions about Lutheran Social Services of Illinois,” Lutheran Social Services of Illinois, available at <https://www.lssi.org/downloads/faqs-about-lssi.pdf> (accessed on November 29, 2017).

[27] Lutheran Social Services of Illinois presentation; and “Lutheran Services in America – A Thriving Network,” Lutheran Services of America, 2015, available at <http://www.lutheralservices.org/AboutUs> (accessed on November 29, 2017).

[28] “Mark A. Stutrud Named Chief Executive Officer of Lutheran Social Services of Illinois (LSSI),” PR Newswire, October 1, 2014), available at <https://www.prnewswire.com/news-releases/mark-a-stutrud-named-chief-executive-officer-of-lutheran-social-services-of-illinois-lssi-277773511.html> (accessed on November 29, 2017).

[29] “ilbudgetclock.com.” available at <http://ilbudgetclock.com> (accessed on November 29, 2017); and Julie Bosman and Monica Davey, “Illinois Lawmakers Override Budget Veto, Ending Two-Year Stalemate,” *The New York Times*, July 6, 2017, available at <https://www.nytimes.com/2017/07/06/us/illinois-budget-shutdown-states-rauner.html> (accessed on November 29, 2017).

[30] “Illinois Budget Impasse Forces Program Closures, Staffing Cuts at Lutheran Social Services of Illinois,” Lutheran Social Services of Illinois, January 22, 2016, available at <https://www.prnewswire.com/news-releases/illinois-budget-impasse-forces-program-closures-staffing-cuts-at-lutheran-social-services-of-illinois-300208617.html> (accessed on November 29, 2017).

[31] Stutrud advocated for careful consideration of how budget cuts would affect the state’s high-need population. This included writing a letter to the editor of *The Chicago Sun Times* in which he provided examples of the kinds of people LSSI served and wrote, “We urge the Illinois Legislature to keep the needs of our at-risk residents a budget priority when making this year’s decisions.” Mark Stutrud, “State Social Services Cuts Wrong for People, Wrong for Budget,” letter to the editor of *The Chicago Sun Times*, June 24, 2016, available at <https://chicago.suntimes.com/news/letters-somebodys-got-hillarys-emails-somewhere/> (accessed on November 29, 2017).

ecosystem. Over the past decade, many human services that had previously been provided through standalone initiatives had, as Stutrud said, been “baked into the benefit package of Medicaid to leverage federal [funds].” This migration, Stutrud realized, could create an opportunity for LSSI—which had extensive ties, experience, and expertise across a range of services—to play a convening role. Another major change in the operating environment was the establishment of dozens of consent decrees. Although these punitive agreements suggested that there were serious problems in the delivery of human services in Illinois, they also led to legal mandates compelling service providers to achieve health outcomes. This dovetailed with LSSI’s interest in taking a more holistic approach. “We have to focus on outcomes,” Stutrud summarized, “because it’s now court-ordered.”



“You’re listening and leading at the same time, and that’s a fine balance.”

– Charlotte Haberaecker
President and CEO, Lutheran Services in America

Thus, Stutrud began his tenure by focusing on not only reducing spending but also working with a range of stakeholders—including LSSI staff, local partners, and LSA—to devise a new organizational strategy and vision. LSSI staff provided valuable input about the organization’s culture, while local partners offered insights about the shape of a potential ecosystem. Meanwhile, LSA and other local nonprofits in the Lutheran network helped Stutrud—who participated in many of LSA’s collaborative efforts and CEO academy—think about how to effect a broader organizational shift focused on creating an outcome-driven ecosystem. Of the benefits of the cross-pollination among LSA members, Stutrud said, “It’s an exciting time because we share this trust and willingness to collaborate and to share evidence-based practices, best practices, and innovation which allows us to achieve change exponentially. These networks are key to our success in Illinois and many of our sister organizations throughout the United States.”

This dialogue crystallized around a three-pronged vision for LSSI. First, LSSI would become a “high-performance organization,” which entailed “developing a culture that fosters learning, adaptability, and achievement.” LSSI also decided that it would strive to create “permanency” for its clients, meaning that it would aim to support them in their “natural setting” (e.g., their home). Still, the most important priority was advancing “whole person health.” LSSI defined this as “viewing the whole person when determining needs and addressing them through a full continuum of services.” This dovetailed nicely with LSSI’s faith-driven mission. Stutrud explained, “Theologically, we say, ‘Nothing is hidden from God’s sight.’ So how is it we don’t strive to view the whole person?” Embedded in this view were the importance of exhibiting compassion and helping a person to achieve his/her far-reaching aspirations. Stutrud said, “It’s not about the regulative things that have to happen. We have to understand what the hopes and dreams of people are in order to understand their wholeness.... That’s a hard-and-fast issue.”

February 2016 – September 2017: Incubating and Expanding the Ecosystem

While the establishment of a vision for an ecosystem represented significant progress, Stutrud and his colleagues still faced an enormous challenge: implementing the new approach. Recognizing that full implementation would be a long-term endeavor, LSSI initially sought opportunities to incubate the whole-person ecosystem in existing provider settings. A case in point involved LSSI’s support for the high-need behavioral health population in Chicago hospitals. LSSI had a physical presence in three hospitals (and planned to expand that footprint to two more) along with a mobile case management unit that could respond to 15 additional hospitals. Thus, the organization was positioned to conduct interventions for people with behavioral health issues and, when appropriate, redirect them away from expensive, in-patient treatment to a broad cross-section of out-patient services from a network of providers focused on the whole-person approach. This soon led to impressive results, including the transformation of the life of a patient who had been in a nursing home for six years. This client had severe psychiatric problems but, under the support of LSSI’s whole-person approach, transitioned to an independent

living setup. According to Stutrud, the key to the patient's success was the creation of an ecosystem—ranging from doctors to dietary experts to building managers—that “surrounded and supported him.”

Building on this success, LSSI began exploring opportunities to expand the ecosystem and whole-person approach. This included a partnership with a local Managed Care Organization (MCO) to address the needs of a high-risk, behavioral health population.³² LSSI contracted with the MCO to take on responsibility for coordinating the care of 120 patients with an “extremely high hospital admission and readmission utilization history.” LSSI's goal was to reduce spending and care utilization and improve health outcomes for the patient population. Although this was a small initial client population, it held promise for the future. “It's the beginning,” Stutrud said, “of what we've envisioned to be our growth as an organization and what we want to grow into.”

LSSI simultaneously strove to develop the metrics and technological infrastructure to support the ecosystem. Having a data-driven approach was imperative to capture health, utilization, and financial outcomes. Thus, LSSI was in the process of creating a data warehouse to bolster its data analysis. LSSI also focused on identifying technologies that would facilitate efficient and effective coordination and case management. This included creating a Health Information Exchange that allowed for data sharing among not only providers and insurers but also family members and community organizations. Finally, LSSI partnered with Fjord, a global design and innovation consultancy within Accenture, to create “Care Journey,” a prototype for a care management app that “visualizes linkages and the success of those linkages across multiple systems and organizations.”

Finally, LSSI was developing a leadership and governance structure to manage the ecosystem's evolution. This was a delicate process because, as the ecosystem expanded, it became harder to accommodate the sometimes-competing interests of different stakeholders. “There's a lot of complexity,” Stutrud said. “You don't get what you want all the time.” Initially, LSSI created contractual relationships that clearly delineated goals and expectations and therefore helped to align potentially competing interests. At the same time, Stutrud anticipated transitioning over time to a model of distributed ownership that allowed for ambiguity in the power structure and encouraged experimentation. “In my vision,” he said, “LSSI will own less and less of the ecosystem.”

October 2017 and Beyond: Impact and The Path Ahead

Just a few years into their reform efforts, Stutrud and Haberaecker still see room for improvement. Stutrud highlighted the importance of raising more funds to sustain LSSI's efforts, especially surrounding the creation of more technological infrastructure. Haberaecker similarly emphasized that LSA's transformation—and that of its member organizations—was an ongoing journey from accelerated learning as a network to creating unique network solutions that transform the lives of people and communities and strengthen non-profit organizations. Nonetheless, even as Stutrud and Haberaecker saw opportunities for growth, they had demonstrated the possibilities that could develop when an organization pairs an ambitious goal with a carefully planned and widely supported ecosystem. And in the process, they had identified valuable lessons for organizations seeking to scale the Health and Human Services Value Curve and create ecosystems to yield generative outcomes. One



“One of the most important things about developing outcomes in the whole-person approach is that we actually understand to the best of our ability the hopes and dreams of each individual.”

– Mark Stutrud
CEO, Lutheran Social Services in Illinois

[32] An MCO is an entity designed to manage “costs, utilization, and quality” across a patient population. “Managed Care,” Medicaid, Medicaid. Gov, available at <https://www.medicaid.gov/medicaid/managed-care/index.html> (accessed on November 29, 2017).

was the importance of balancing engagement and action. “You’re listening and you’re leading at the same time,” said Haberaecker, “and that’s a fine balance.” Equally important was the importance of establishing a vision while simultaneously creating the structures and systems to support it. “An ecosystem needs a pH balance,” Stutrud argued.

Above all, Stutrud advocated remembering the higher purpose that inspires leaders in the health and human services field. “I think all of us see the end of things in many ways that are similar,” he said. “The beautiful things that happen in the transformation of the lives of people.... And when we experience that, it is a beautiful thing to be a part of it. It’s a privilege.”

Insights for Utilizing the Health and Human Services Value Curve to Accelerate Outcomes and Impact:

- **Lead and Listen:** Haberaecker and Stutrud balanced engaging their stakeholders and seeking feedback with developing their insights and vision for a revamped ecosystem.
- **Distribute Ownership:** Stutrud developed a vision that diminished LSSI’s long-term authority in favor of a system of distributed power that encouraged experimentation and innovation.
- **Find the Right pH Balance:** Stutrud emphasized the importance of balancing the development of a vision for an ecosystem with the process of building the systems and infrastructure to support it.
- **Capitalize on Environmental Triggers:** Stutrud leveraged challenging circumstances—most notably a fiscal crisis and the creation of consent decrees that compelled an outcome-driven focus—to facilitate the development of an ecosystem.



Human Services 2035: Preparing for the Future

At ***The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact***, participants asked a series of provocative questions about how human services will evolve over the next 20 years. How will technological, economic, environmental, and social changes affect the field? What form will pursuit of the Health and Human Services Value Curve take in differing futures? How will generative outcomes differ across the scenarios? What parts of the ecosystem will human services focus on, and with what approaches?

Summit attendees had little doubt that the field will look dramatically different—and that it will include a wide array of opportunities and challenges. On the one hand, technological advances—ranging from the development of artificial intelligence to three-dimensional printing, which could facilitate the mass production of basic necessities—could make it easier to serve more people over a wider area. On the other hand, economic changes—most notably job loss due to automation—as well as environmental shifts—including climate change, which is expected to result in more severe natural disasters and coastal flooding—will place greater demands on the field than ever before. Thus, over the next 20 years, human services professionals are apt to have more tools, but they will have to leverage them to support a much larger and high-need population.³³



“There’s no good time to plan for the future. You have to make the time.”

– Kathleen Brennan
Connecticut Department of Social Services

[33] “Human Progress and Human Services 2035,” Presentation by Uma Ahluwalia, Clement Bezold, and Kathleen Brennan at the 2017 Health and Human Services Summit: Creating the Futures of Outcomes and Impact at Harvard University in Cambridge, Massachusetts on September 23, 2017. Hereafter cited as “Human Progress and Human Services 2035.” Unless noted, the remaining data in this section—including subsequent quotations from and attributions to Ahluwalia, Bezold, Brennan, and Antonio Oftelie (the session’s moderator)—come from this presentation.



*"We need a lot more people inventing new
service delivery programs."*

– Jeffrey Liebman

Malcolm Wiener Professor of Public Policy, John F. Kennedy School of Government, Harvard University

Over the last year, the Institute for Alternative Futures (IAF) has partnered with state and local leaders in eight communities across the country to help the human services field anticipate and prepare for a series of possible futures.³⁴ Operating with funding from the Kresge Foundation, the “Human Progress and Human Services 2035” initiative has focused most closely on how jurisdictions can prepare for four possible scenarios:

- A “most likely” scenario where significant economic and environmental changes combine with technological advances, improved cross-sector coordination, and a modest commitment to social equity to create a different but manageable future.
- A “challenging” scenario where the consequences of climate change and job loss due to automation are severe and minimally offset by improvements in technology. Adding to the difficulty, organizations continue to operate in silos, and social commitment to equity does not increase.
- A pair of “visionary” scenarios in which productivity gains, improved coordination, and greater commitment to social equity yield enormous benefits that greatly outweigh the costs of economic and environmental change. The third scenario includes value shifts supporting inclusion, high job loss to automation, a guaranteed basic income, and “abundance advances” that lower the cost of living. The fourth scenario likewise pursues equity and inclusion, uses abundance advances, grows the minimum wage to a living wage, and increases income support payments as structural unemployment grows.



“What does the future look like for people, for human kind in general? What does that mean for organizations? What scenarios are out there in the future that we may need to grapple with?”

– Antonio Oftelie
Executive Director, Leadership for a Networked World

At **The 2017 Health and Human Services Summit**, Clement Bezold, IAF’s Founder and Chairman, overviewed the Human Services 2035 initiative and how he and his colleagues hope that it will help to position the human services field to thrive in the decades to come. “We should use scenario building,” he argued, “to explore what would that surprisingly successful space be, and what would be the paths to that?”

Attendees also heard from two local leaders participating in the effort: Uma Ahluwalia, the Director of the Montgomery County (MD) Department of Health and Human Services, and Kathleen Brennan, the Deputy Commissioner of the Connecticut Department of Social Services. Together, they identified four core strategies for how state and local human services officials can prepare for the wide-ranging scenarios that the field may encounter: 1) sustainability, 2) humanity, 3) collaboration, and 4) creativity. The remainder of this section details these strategies as well as how they collectively point to the importance of developing an ecosystem and agile approach.

Strategy One: Treat long-term planning as a sustainability tool.

Brennan noted that one of the obstacles to effective long-term planning is simply making the time to do it. “There’s no good time to plan for the future,” she said, adding, “You have to make the time.” One way to justify devoting time to preparing for the next 20 years is to connect those planning efforts directly to current work. For example, Montgomery County is integrating the Human Services 2035 findings into existing strategic plans.

[34] IAF’s mission is “to help communities and organizations more wisely choose and create the futures they prefer.” The institute accomplishes this by (among other techniques) helping organizations and communities draw on “leading-edge futures research” to anticipate what comes next and at the same time “providing techniques for organizational and social transformation that will instill vision and integrity.” In addition to its work with human services, IAF has undertaken projects involving public health, primary care, and vulnerability. “Human Progress and Human Services 2035”; and “Vision & Mission,” Institute for Alternative Futures, available at <http://www.altfutures.org/about-iaf/vision-mission/> (accessed on November 3, 2017).

Ahluwalia explained, “Part of the big question before us is sustainability... We are using this document, along with a few other documents that we’ve generated, to really inform our framing of what’s important, and how do we deepen the work, and how do we sustain that?”

The implication is that long-term planning is a way to sustain and enhance one’s work.

Strategy Two: Leverage technology, but don’t lose the human touch.

Ahluwalia and Brennan lauded the potential of technology to enable human services to help more people across diverse geographic areas. This includes three-dimensional printing that could allow for the mass production of food, human organs, and housing materials as well as communications technologies and artificial intelligence that can make it easier to remotely monitor a client’s well-being. “The world is getting smaller, a lot smaller,” Ahluwalia said. “And technology is going to enable that.”

At the same time, they cautioned against relying on technology at the expense of human interaction. This is in part because, for all its benefits, technology is creating challenges, namely job losses. In addition, the relationship-driven process of navigating local politics and resource distribution will not disappear. (Ahluwalia and Brennan emphasized the significance of upcoming elections in their jurisdictions.) Finally, physically interacting with clients often yields unique insights. “I so appreciate that technology makes things work,” said Brennan, “but I worry about losing the human in human services.”

To leverage the benefits of technology while preserving a human touch, Ahluwalia and Brennan emphasized the importance of preserving services that should be provided by people while simultaneously identifying opportunities to reimagine service delivery. For example, Brennan described how she and her colleagues discussed bringing “services to the community instead of having the people who need us come to us.”

Human services officials cannot forget that human is literally and figuratively an operative word in their work.

Strategy Three: Collaborate and Integrate to Amplify Funding, Ideas, and Insights.

Brennan lamented that coordination is often lacking in the existing human services landscape. Connecticut wrestles with agencies and programs that operate in silos and are reluctant to share data. In addition, the state has 169 municipalities, many of which have separate human services agencies that do not take full advantage of opportunities to collaborate and leverage economies of scale. Looking to the future, both officials emphasized the importance of working across boundaries. According to Ahluwalia, this requires making progress on integration and interoperability. Brennan argued that collaboration requires sharing data, braiding together funding, and establishing a foundation of trust. She observed, “It’s honestly insane when you think about how resources continue to diminish, and we’re not saying, ‘Wait a minute. Can’t we just get together?’” She added, “We can’t continue to work the way we are working. We need to be working efficiently and effectively. There has to be a more collaborative and integrated service delivery model.”



“We argue you should use futures and scenario building to explore what that surprisingly successful space would be, and the paths to achieve that.”

– Clement Bezold
Founder and Chairman of the Board
Institute for Alternative Futures

Strategy Four: Be Creative and Reimagine and Redesign Our Work.

Anticipating and planning for the future of human services is a daunting task. Nonetheless, Ahluwalia and Brennan emphasized that, even in the most-dire scenarios, opportunities exist to be innovative and advance the field. Ahluwalia noted that in Montgomery County the most-challenging scenarios yielded the most-innovative approaches about how to distribute resources, foster partnerships, and develop novel strategies. Ahluwalia elaborated, “The most-creative response was in the cloudy, stormy scenario because there weren’t resources. Generally, our thought is if everything is sunny and you have resources, we’re going to gravitate to throwing money at a problem. But when it was cloudy, the level of creativity was amazing.” Similarly, Brennan reported that the 2035 exercise contributed to a willingness to take more risks. “We kind of felt emboldened,” she said, “to look to bending the rules a little bit. And I like to say that you beg for forgiveness rather than ask for permission.” The implication is that human services officials should be realistic about the challenges that await them but also recognize that they have an opportunity: as they gird themselves for an uncertain future, they have a chance to reimagine how their field operates.



“As we look to the future, our big question is around the sustainability of our work.”

- Uma Ahluwalia
Director, Montgomery County Department of Health and
Human Services

Conclusion

No one has a crystal ball that will anticipate exactly what the next 20 years will look like, but human services officials can create a framework that will help them to navigate an uncertain future. Thus, the broader takeaway from the Human Services 2035 exercise is that officials need to establish an ecosystem and employ an agile approach. That way, they will have diverse partners with which they can establish resilient systems and at the same time position themselves to adapt to challenges as they unfold. If human services officials begin the work of constructing ecosystems now, they will be in a position, as Ahluwalia observed, “to influence the future state.”



“Challenge yourselves, your teams, and your ecosystems to think about: ‘What is the art of the possible?’”

– Narendra Mulani

Chief Analytics Officer, Accenture Analytics, Accenture



Designing, Growing, and Sustaining A Generative Ecosystem

Since its inception in 2010, the Health and Human Services Summit has focused on helping organizations scale the Health and Human Services Value Curve. While this progression remains extremely important, it is also imperative for the field to anticipate and start preparing for what comes next. As Leadership for a Networked World Executive Director Antonio Oftelie said, health and human services professionals must begin asking, “What does the future of outcomes and impact look like? How do we create it, and what does that mean for you as leaders in running your organizations?”

At *The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact*, the dialogue about the forthcoming era for Health and Human Services revolved around the importance of developing a “generative ecosystem.” As Oftelie explained, a “generative ecosystem” refers to “a network of organizations, machines, and services that coproduce new solutions to address and solve the root causes of individual, family, and community health and human services challenges.” This reflects the reality that in an increasingly technologically advanced environment with finite resources and extremely complicated challenges, it is imperative to have organizations that can organize around a collective mission and design policies, programs, and services that seamlessly put the “customer” at the center.

The benefits of establishing ecosystems notwithstanding, actually creating these dynamic environments is difficult. This is in part because of a set of technical and adaptive challenges that leaders have to navigate—ranging from designing technological infrastructure to connect disparate organizations to overcoming peoples’ anxiety about change—to begin the process of creating ecosystems. It also stems from the fact that it takes an enormous amount of energy and political capital to sustain and enhance ecosystems over time. As Accenture Managing Director Rafael López said, “Ecosystems don’t just magically emerge in Congress. Ecosystems don’t just magically emerge in our cities, counties, and our states and across the country. They are created because we choose to create them.”³⁵

[35] “Creating the Future of Outcomes and Impact,” Presentation by Dr. Antonio Oftelie, Executive Director, Leadership for a Networked World, and Rafael López, Managing Director, Accenture, at The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact, at Harvard University in Cambridge, MA on September 23, 2017. All data in the remainder of this section comes from this presentation as well as notes, worksheets, and transcripts from the group discussions and presentations during the ideation sessions.

With hopes of helping leaders overcome the challenges of establishing and sustaining ecosystems, ***The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact*** included a two-part ideation session on how to create and nourish generative ecosystems. The first part of the exercise featured a series of group discussions focused on how to design a generative ecosystem, while the second portion allowed the same groups the opportunity to delve into how to grow and sustain generative ecosystems. The remainder of this section synthesizes the most important insights from each phase of the exercise.

Part One: Design for Outcomes and Impact

The first part of the ideation session focused on how to design an ecosystem. This refers to the creation of a conceptual blueprint that focuses in part on how the ecosystem is partitioned into a relatively stable “platform” (the primary organization) as well as a complementary set of “service organizations” and “modules” (including sensors and Internet-of-Things-enabled devices); the blueprint also illustrates how those services and solutions are integrated in order to achieve outcomes and impact. Thus, while any successful ecosystem will grow in part through an organic process, it also requires a carefully designed blueprint to begin to take shape.

In analyzing how to create that blueprint, Summit attendees focused on four key facets of effective ecosystem design: 1) governance and structures, 2) insights and evidence, 3) services and solutions, and 4) people and culture.

The remainder of this sub-section details the most important insights from the discussion in each of these categories.

Governance and Structures

This dimension represents the connection between an organization or collaboration’s strategy and its design. It includes the blueprint for how resources are organized to support the advancement of goals, alignment of interests, cross-boundary collaboration, and, in particular, the supporting structures, systems, and infrastructure necessary to facilitate smooth interactions between partners and services in the ecosystem and the allocation of resources to these efforts.

The dialogue on governance and structures focused on questions surrounding how an ecosystem should manage and distribute decision-making, align interests, and establish requisite structures (e.g., how can leaders find clarity and alignment on outcome goals and distribution of resources?). Attendees generated the following suggestions:

Decision-making

- Create, balance, and amend decision-making to build a more inclusive ecosystem.
- Be transparent about how decisions are made.
- Start by addressing foundational compliance with regulations and then distribute decision-making.
- Integrate data for decision-making systems.
- Identify gaps in data for decision-making systems.
- Bring expertise, not title, and stay open to sharing funding.
- Integrate multiple perspectives, and focus decision-making on root causes, rather than symptoms, of problems.

Interest alignment

- Create a shared vision by fostering understanding of the environment, consensus on the problem, and a collective sense of shared value.
- Ensure that your ecosystem has a feedback loop, inside and outside the organization.
- Establish a clear purpose. Understand your operating environment, and remember that you may need to subordinate your interest to the higher priorities of promoting broader ecosystem responsibility and facilitating inclusion and collective impact.
- Institute transparency about resource distribution, and reflect on whether you are really sharing.
- Build a wide enough range of support (i.e., non-political and community driven) to withstand political shifts.
- Jointly define clear indicators of success.

Structures

- Create broad and inclusive governance structures with consumer/customer participation.
- Keep structures simple and flexible to avoid silos, territories, and over-regulation.
- Integrate the perspectives of clients and support staff.
- Invest in a backbone structure, and allow it to evolve (a model for this structure is the hub and spokes of a wheel).
- Do not let governance interfere with ecosystem growth: stay flexible and pay attention to your governance model.

Insights & Evidence

This dimension captures how an ecosystem understands community-wide needs for services and solutions. Insights are based on analyzing ecosystem-wide data (sourced from organizations, services, sensors, and machines) and using artificial intelligence. In addition, this capacity can be leveraged to develop evidence on the effectiveness and efficiency of services in order to inform policymaking and overall ecosystem transformation.

The discussion involving insights and evidence revolved around how the ecosystem can leverage data and analytics, artificial intelligence, and machine learning to improve trends (e.g., the question of where and how the ecosystem can become predictive in trends and prescriptive in solutions). The participants in the breakout sessions identified a number of valuable ways to leverage insights and evidence in ecosystem design:

Leveraging Data and Analytics for Outcomes

- Establish broad, system-wide metrics, and support them with project-specific metrics.
- Pick the outcomes that matter, and run with them.
- Ensure that the outcome justifies the intervention.
- Encourage funders and policymakers to align accountability with outcomes and allow for local flexibility.
- Make data a community asset.
- Prepare partners to share and analyze data in a disciplined and ongoing way.
- Incorporate analytics as part of your in-the-moment processes to be proactive, and seamlessly make adjustments necessary to achieve new, ambitious outcomes. Do not wait until the end of the month to make adjustments.



- Share data in a person-centered way. Make sure people know what they are looking at and that staff know how to use data to build and improve ecosystems.
- Establish parameters (e.g., what you collect, what you disseminate, and guidelines to protect privacy and security).
- Improve predictive analytics, including drilling down into different levels of data (e.g., individual, community, etc.) and establishing granular detail at each level.
- Align your data efforts with your governance models, and fully integrate analytics into your core business. This includes using data to align resources.
- Pick the right measures, and be flexible to refine them over time.

Harnessing Artificial Intelligence (AI) and Machine Learning

- Embrace technologies that empower stakeholders, unify the ecosystem, and contribute to a supportive culture.
- Use AI to map out ecosystem processes in totality so that you can pinpoint where programs and services work and where they break down.
- Draw on AI's ability to process and utilize handwritten notes and unstructured data.
- Leverage AI to understand where outcomes can be improved, and use that insight to augment and inform decision-making across the ecosystem.
- Explore current thinking about what is possible: technology in the service of humans, not the opposite.
- Recruit and hire personnel who can help to align the ecosystem with new technology and the latest AI innovations.

Services and Solutions

This dimension sets how the ecosystem becomes highly customer-centric, where services, programs, and solutions are tailored to individuals, families, and communities, and integrated digitally and seamlessly across the ecosystem. A generative ecosystem should have the capacity, agility, and modularity to produce different outcomes quickly depending on the needs of the community, and this is possible through tightly linked co-creation of services and solutions.

Attendees also wrestled with the question of what governance structures, decision-making systems, and communications tools can enable more seamless collaboration on service development and delivery (for example, can service development be distributed or matrix-based?). They reached the following conclusions:

Governance Structures and Decision-Making Systems

- Bring all parties to the table, and create incentives to get everyone there.
- Leverage behavioral insights and “nudge” principles in the design of policies, programs, and services.³⁶
- Define ownership, determine shared goals and outcomes, and create accountability at all levels.
- Include the client voice in the design of governance and decision-making.
- Push for client- and community-owned outcomes. Governments can initiate this, but the community should own it thereafter.
- Pay heed to “ecosystem nutrition” (e.g., feedback cycles and communication).
- Be intentional about efforts to foster collaboration (e.g., through government-funded requests for proposals, foundation grants, and flexibility in partnerships).
- Align incentives to facilitate internal ecosystem regulation (e.g., measure and target misaligned systems and policies, such as prison fees).
- Include beneficiaries in the design, development, and implementation of systems and services.

Communications Tools and Tactics

- Select a convener to initiate activities and oversee ongoing development; this may be a role for government, but other entities can lead as well.
- Simplify communications.
- Communicate in a way that the public cares about.
- Explore the potential of “Blockchain” to disrupt silos, improve information sharing, and simplify transactions.
- Leverage social media and mobile apps.
- Engage life coaches and care navigation professionals to assist with communication and advance ecosystems.
- Recognize and celebrate success as it happens.

[36] “Nudges” are methods of augmenting the design of the environment in which people make decisions in order to improve individual and societal outcomes. Nudge strategies shift behaviors that maintain freedom of choice, but have the potential to make people healthier, wealthier, and happier.” For additional information, see “2017 Public Sector for the Future Summit: Citizen-Driven by Design,” Leadership for a Networked World (forthcoming); and Cass Sunstein, “Nudging: A Very Short Guide,” *Journal of Consumer Policy*, 2014, vol. 37, issue 4, pp. 583-588, available at <https://dash.harvard.edu/handle/1/16205305> (accessed on November 27, 2017).

- Framing is key— be willing to change your narrative.
- Recognize the importance of the process in how we engage.
- Learn a new common language; reframing health and human services challenges can change our thinking, and therefore our behavior.

People and Culture

This dimension represents the “human equation” and implications for the people involved in building and sustaining an ecosystem. It considers teams and roles established to lead ecosystem work, and their levels of knowledge, ability, authority, accountability, and responsibility. In addition, this dimension considers acquiring the right talent in order to develop and maintain a resilient, diverse, and agile environment, along with the cultural dynamics that impact beliefs, values, and symbols.

Finally, the design phase of the ideation session focused on issues involving people and culture that factor into the design of successful ecosystems. These included what form(s) of human capital an ecosystem needs, what metrics are required, and whether it is important to have employees dedicated exclusively to managing the ecosystem. Summit attendees felt that the following elements of people and culture are most important in the design phase:

Human Capital

- Spread diverse forms of human capital (e.g., analyzers, integrators, leaders, disruptors, and adaptors) throughout the ecosystem.
- Create trainings that reinforce and diversify staff skills.
- Equip staff with the adaptive skills—not just the technical skills—necessary to handle new ecosystem challenges.
- Enhance staff skills around adaptability, the willingness to listen, the courage to change, and authentic leadership and communication.
- Recruit teams with diverse skills, intentionally develop cross-functional teams, rotate leadership, and establish a culture of learning and reflection.

Metrics

- Create a culture of measuring outcomes.
- Include goals related to spending time with people, not just completing paperwork.
- Focus reporting requirements on outcomes, not outputs.
- Build in feedback loops and learning cycles, which creates sustainability.
- Incorporate relevant metrics, such as turnover, employee feedback and satisfaction outside of the regulatory space, and cross-ecosystem measures.



Culture

- Create a culture of innovation and collaboration that is adaptable to velocity, volume, and variety.
- Develop a positive view—rather than a punitive perspective—of consumers.
- Ensure accountability surrounding timelines and deadlines.
- Cultivate a culture that emphasizes kindness and reinforces positive, good behavior.
- Find a part of the ecosystem that is doing things well and build from it; in other words, find the generativity and build.
- Communicate directly and consistently to all staff to ensure connection and understanding.
- Create an open culture that encourages feedback and uses it (e.g., safety in innovation).



“What does the future of outcomes and impact look like? How do we create it, and what does that mean for you as leaders in running your organizations?”

– Antonio Oftelie
Executive Director, Leadership for a Networked World



Part Two: Growth and Sustainability

In the second half of the ideation session, Summit attendees delved into how to grow and sustain a generative ecosystem. This discussion revolved around the notion that maintaining an ecosystem requires consideration of “adaptive” components (i.e., the methods of existing leadership to build ongoing alignment, trust, innovation, and sustainability). More specifically, leadership within the ecosystem needs to balance collaborative tensions. From one angle, leaders must establish governance and ensure the integrity of the ecosystem by developing and managing policies, processes, systems, communication mechanisms, and decision rights for guiding, monitoring, and developing capabilities. From another angle, leaders must distribute enough control and incentives to encourage innovation by the platform service organizations and modules, build sustainability, and develop an ongoing culture of trust.

In exploring how to navigate this adaptive challenge, Summit attendees focused on two main topics: 1) innovation and sustainability and 2) people and culture. The remainder of this sub-section distills the most important takeaways from each of these sub-topics.

Innovation and Sustainability

The discussion about innovation and sustainability focused on the strategies and tactics that can be put in place to keep the ecosystem innovating and growing sustainably (e.g., how efficiency should be balanced with experimentation and innovation). Attendees felt that the following takeaways were most important:

Innovation

- Create and draw on learning collaboratives to help foster a culture of innovation.
- Establish a feedback loop to retain good ideas; this will allow you to re-utilize innovations.
- Align and reform human resources, legal, and contracting/procurement to match a culture of innovation.
- Ensure a learning and adapting cycle.
- Create a culture and space with permission to take risks, fail, and learn.

- Identify space for unplanned plug-ins (e.g., new partners).
- Assure staff and systems have intentional bandwidth and room to innovate.
- Tear down silos within departments and within the community.

Sustainability

- Foster a continued commitment to measure and examine how changes impact the environment.
- Create shared accountability and intentionality.
- Identify behaviors that allow the ecosystem to grow organically.
- Develop a broad range of “non-professional” support to enable the ecosystem to withstand political shifts.
- Allow staff to be interoperable and generalists.
- Think carefully about succession planning.
- Create learning cycles owned by the community. Citizens must be involved and see themselves in the ecosystem.

People and Culture

Attendees also returned to the theme of people and culture with a focus on the capabilities, competencies, and cultural traits that the workforce will need to develop across the ecosystem (e.g., what cultural traits should be developed across the ecosystem). Discussants concluded that the following elements of people and culture were paramount:

Capabilities and Competencies

- Create an ecosystem map that specifies everyone’s role and level of engagement.
- Recruit and train leaders who model good behavior, listen, and are competent and resilient.
- Encourage all stakeholders to engage in reflective practices and broad scanning.
- Cultivate traits such as honesty, humility, trust, innovation, flexibility, and adaptability.
- Help your workforce to understand the context and see the full picture.
- Change Human Resources (HR) practices to modernize talent (i.e., make talent adaptive, agile, cause-driven, and solution-focused).
- Care for the health and human services workforce in a manner that is similar to the treatment of emergency responders and medical personnel. This includes giving them respites and understanding secondary and tertiary trauma.

Culture

- Establish the notion that it is OK to experiment and fail.
- Accept change as a cultural norm.
- Celebrate staff and consumers.
- Create a customer-centric culture and a culture of consumer empowerment. Allow customers to set and own their journey, and build a system to support that journey.
- Reframe how we see our customers as extended family and as part of our workforce community.
- Promote equity and inclusion, and do so intentionally.
- Reward and inspire the “tall poppies” by inspiring innovation and collaboration and creating a safe space to work together, even if the power dynamics have been unequal in the past.
- Provide positive feedback for all staff.



Conclusion

In addition to pursuing these goals for designing and sustaining ecosystems, attendees recognized the importance of infusing into the entire reform process the insights and underlying tenets from the Health and Human Services Value Curve. That way, the far-reaching and innovative change that has occurred over the past eight years will continue to influence future innovation and service improvements in the years to come.



"We're asking some provocative questions about another way of doing things."

– Jill Vienneau

Executive Lead (Assistant Deputy Minister), Ontario Ministry of Community and Social Services



Insights from the American Public Human Services Association Leadership Retreat

Prior to ***The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact***, American Public Human Services Association (APHSA) members and partners convened for a Leadership Retreat to kick-start peer learning and stimulate system-level thinking ahead of the Summit. Local members of APHSA also gathered to share specific examples of collective impact efforts in their communities. Like the Summit, the Retreat focused on mobilizing ecosystems to drive the future of outcomes and impact, an effort that no single organization or sector can undertake alone.

The Leadership Retreat included a robust discussion with six political appointees from the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. For many state and local leaders, the Summit was their first opportunity to meet the new leaders at ACF. It was an ideal setting for building relationships; sharing opportunities from federal, state, and local vantage points; and identifying ways we can connect more seamlessly through common platforms.

Attendees also had the opportunity to reflect on how the Health and Human Services Value Curve—which provides a common lens for realizing the potential of people and places—is serving as a useful model of interpretation for the field. The Health and Human Services Value Curve is helping organizations build system capacity and create a learning environment. Through the lens of the Health and Human Services Value Curve, agency staff, community partners, and philanthropic leaders can see themselves in the broader value creation and impact we all desire for our communities.

APHSA's Deputy Director, Phil Basso, who has worked with dozens of health and human services leaders across the country, shared "how the Health and Human Services Value Curve works like a graduated lens that is helping us see things that had not met the eye before." Basso also noted that its highly adaptive nature means we can use it to understand our progress by function, program, and individual role, as well as at the system level.

In essence, the Health and Human Services Value Curve has become the way in which we can speak and track our progress across sectors and systems as we endeavor to “partner for impact.” At the more advanced stages of the Health and Human Services Value Curve, our partnerships move us from mere collaborations on single issues to long-term relationships that in turn create learning environments that help us to achieve efficiency and effectiveness in outcomes.

A key objective of the pre-Summit events was to develop further the collective understanding of what it takes to create these “*generative partnerships*” across sectors and systems. Some of the key takeaways include the following:

- The very process of collective discovery (i.e., endeavoring to find solutions together) can lead to collective impact. It takes intentionality and discipline to create a space for such discovery. For ideas to co-emerge, leaders must make the room and opportunity for it to happen. This requires humility and a willingness to be vulnerable because we must both acknowledge what we do not know and be prepared to see and hear things differently than we ever have before.
- When we see various vantage points through the generative lens of the Health and Human Services Value Curve and embrace them as opportunities, not impediments, we begin to create a continuous learning culture within organizations as well as the broader human-serving community.
- When we co-create with our customers, it leads to stronger partnerships and helps to accelerate movement along the Health and Human Services Value Curve. As one participant noted, real-time feedback loops for consumers, such as those that exist on social media platforms like Yelp, can accelerate this movement by driving continuous, iterative improvements.
- When we operate in partnership at the generative level, not only do we help policymakers see the value in what we collectively do (i.e., helping to create safe, healthy, and thriving communities), we also help them better relate to it by showcasing how interconnected all of us are.
- When we see the human services workforce as helping to “unlock human potential,” we energize and honor our workforce and create an important mindset shift about their role in partnership with families and communities.
- When we work and share information across traditional boundaries, we create opportunities surrounding data intelligence that help us to identify and address root causes both within families and at the population level. When optimized, this data can help to produce new solutions to some of our toughest social challenges (e.g., homelessness or the opioid epidemic).
- When we set out to co-create solutions, we engage in “abundance leadership” that focuses our collective efforts on what is possible and shifts us away from the victim or deficit-based mentality to which our field has too often gravitated.

The 2017 Leadership Retreat and convening for local members of APHSA reinforced that it is possible to create healthy learning organizations that in turn generate opportunities for collective discovery beyond one organization’s walls and beyond any one sector.

Summary

As health and human services leaders strive to develop ecosystems that generate outcomes and impact, they face a number of challenges and opportunities. One significant obstacle is that some groups may not fully commit to ecosystems because they are unwilling or unable to subordinate their short-term interests to that of the long-term, greater good. Another major difficulty is the uncertainty over what the future holds. As the Human Services 2035: Reflections from the Futures panel established, the combination of economic, social, and environmental shifts—not to mention the growing demands on health and human services—makes it very difficult to project how the field will look in 20 years. At the same time, these changes create exciting opportunities. Health and human services leaders will have a chance to utilize new technologies—ranging from artificial intelligence to advanced analytics to machine learning—to provide services more efficiently. What's more, the recognition that the world and this field are changing so rapidly has created an intense focus on the need for health and human services to evolve and the opportunity to innovate and take risks that accompanies it. From Lutheran Social Services in Illinois to *Live Well San Diego* to officials in Kentucky, leaders across the country are exploring ways to create innovative ecosystems that can tackle some of the largest health and human services issues of our time.

The dialogue at ***The 2017 Health and Human Services Summit: Creating the Future of Outcomes and Impact*** pointed to three critical steps that health and human services leaders can take to continue scaling the Health and Human Services Value Curve and develop outcome-driven ecosystems:

One is the importance of keeping in mind the mission of serving others that inspires people to pursue careers in health and human services in the first place. Whether it is the faith-based journey that inspires Charlotte Haberaecker and Mark Stutrud or the commitment to helping people live well that has propelled Nick Macchione and his colleagues in San Diego, health and human services officials are unusually driven to serve. That sense of mission can help to sustain momentum and energy in the midst of difficult organizational and environmental change.

Another is the need to balance technological innovation with a human touch. Numerous speakers showed how AI and other innovations will make it easier to serve people more efficiently over wider geographic areas. At the same time, they noted that robots and machines cannot replace the empathy and insight that accompany direct service. It is therefore imperative for health and human services officials to use their technological and human resources selectively; the field will not evolve successfully unless it finds the right balance between these two approaches.

Finally, health and human services officials must focus on the highest need issues, even if they seem intractable. A case in point is the work that Kentucky is doing to combat the opioid epidemic. This is one of the biggest health and human services threats in the country, and Kentucky—like many states and localities—was struggling with how to respond to it. However, through a blend of creativity, statistical acumen, and collaboration, they are now at the cutting edge of combatting one of the biggest public health epidemics in the country. Other states and localities should follow their lead not only on this issue but also the other vexing health and human services issues of our time.

This points to a broader insight: the importance of being ambitious. Health and human services leaders should not shy away from the biggest challenges or the hardest solutions; rather, they should look at all of the progress we have made over the past eight years with the Health and Human Services Value Curve and now see an opportunity to create ecosystems and generative outcomes that will help to propel the field further in the decade to come. As Debora Morris, the Managing Director for Growth and Strategy for Health and Human Services at Accenture, said, “Be bold. Do more. Be better. We’ve already done amazing things.”

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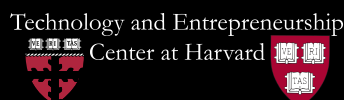
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