

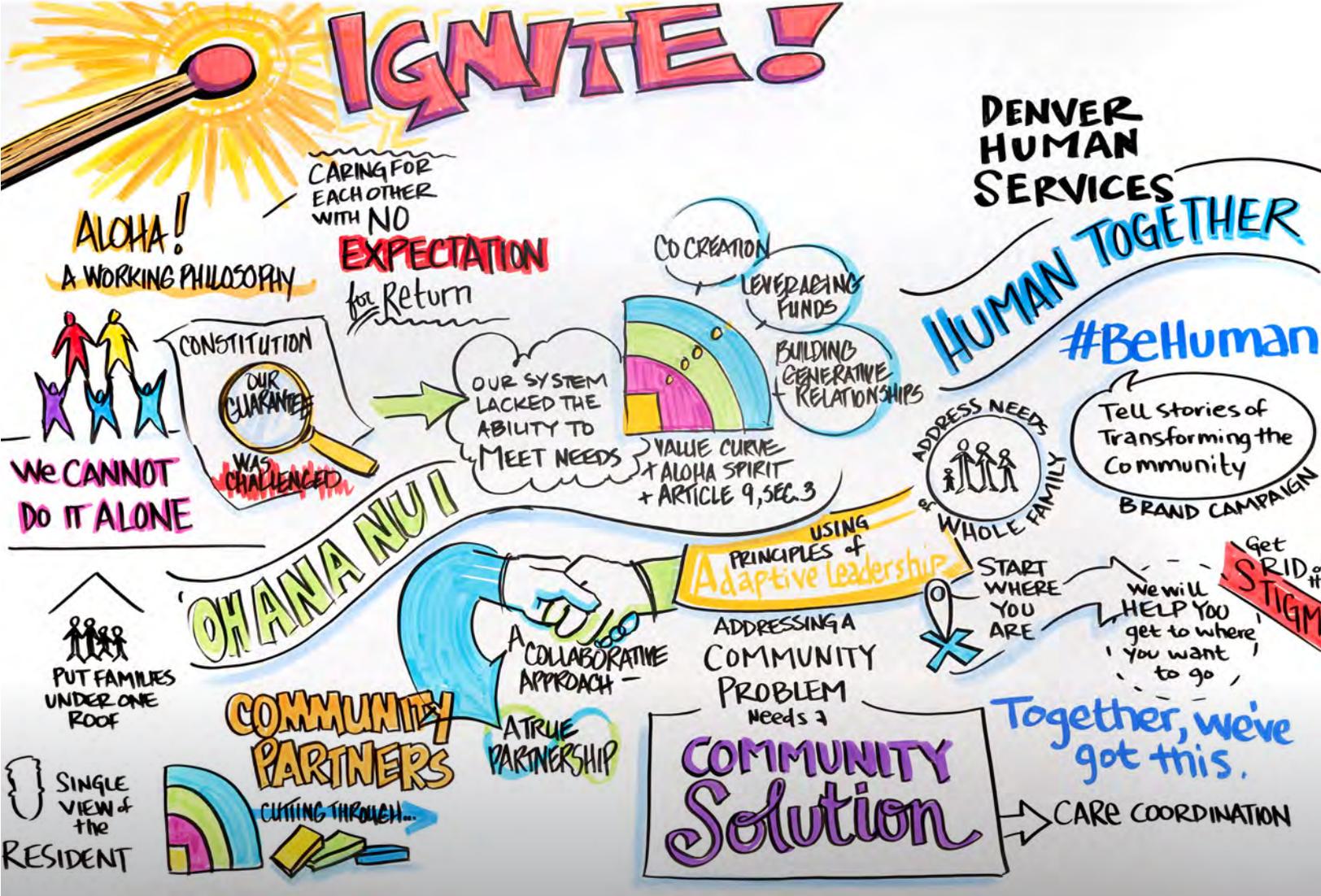
The 2019 Health and Human Services Summit

Purpose, Passion and Impact for the Future

Harvard University, Cambridge, Massachusetts



LEADERSHIP FOR A
NETWORKED WORLD



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Purpose, Passion and Impact for the Future

What's foremost on the mind of forward leaning and resolute leaders is igniting the vision and mission for a generative future – one in which services and solutions not only address the complex root causes and barriers to better health and human services outcomes, but also invest in community-driven innovation in order to build the social and economic mobility that help individuals and families to flourish.

This level of purpose, passion, and impact for the future requires courageous leadership. It is imperative for health and human services officials to not only leverage the bold innovations, disruptive business models, and radical breakthroughs that lead to new and better solutions, but also embed the technology, tools, and cultural attributes which lead to creativity, agility, and adaptability. And urgently, leaders must address challenges and opportunities that can make or break progress including: How do we intentionally put the “person at the center” of human services? How will we strive to achieve equity in opportunity and outcomes? How can we invest “upstream” and “downstream” via the social determinants of health and two-generation solutions?

To help leaders answer these questions and chart a path for the future, Leadership for a Networked World and Accenture, in collaboration with the American Public Human Services Association, convened senior-most leaders for **the 2019 Health and Human Services Summit: Purpose, Passion and Impact for the Future** held at Harvard University in Cambridge, Massachusetts. The Summit provided an unparalleled opportunity to collaborate, learn and network with the world's foremost health and human services practitioners, Harvard faculty and researchers, and select industry experts. Summit participants gained also membership to a community of peers and experts and left the Summit with actionable steps to build generative solutions that achieve better outcomes and more equitably for the individuals, families and communities they serve.

PURPOSE, PASSION, IMPACT FOR THE FUTURE



Before you dig into the Summit report, I would like to thank the people and teams that made this 10th annual Summit a stellar learning experience. This Summit would not have been possible without the dedication, inspiration and thought leadership of Accenture, and we extend our deepest gratitude to their team. In addition, a sincere thank you to the Summit's Executive Leadership Group and to the American Public Human Services Association - their subject matter knowledge and advocacy for human services provides a solid foundation for the Summit and for creating the future for health and human services.

Most importantly, I am grateful for your time, energy and commitment to the Health and Human Services Summit and for your resolve to create **purpose, passion, and impact for the future.**

Now, let's get to work!

Onward,

Dr. Antonio M. Oftelie

Executive Director, Leadership for a Networked World
 Fellow, Technology and Entrepreneurship Center at Harvard
 Harvard John A. Paulson School of Engineering and Applied Sciences



“First, be proud of the work that we’ve done and the impact it’s had. And then my challenge to you is to be bold, to experiment, and to really continue to drive change in the human services field which urgently needs every ounce of support, and pride and help that we can provide.”

– Ryan Oakes
Managing Director
Public Sector, Accenture



The Office of Healthy Opportunities: Moving Upstream in Indiana

For Fiscal Year 2018, the state of Indiana's Medicaid budget was a whopping \$11.8 billion. Despite its investment, Indiana struggles with its health outcomes: for example, it places 44th in the nation for adult smoking, and is 7th worst in the country for its rates of infant mortality. These statistics have plagued Indiana in recent years and were recognized as a detriment to the future growth of the state. Former governor Mitch Daniels started the Healthy Indiana Plan in 2008 as a tool to expand access to health insurance. The plan initially prioritized healthcare coverage for Hoosiers and this vehicle for health insurance has expanded over a decade from 40,000 enrolled to over 400,000 under the Affordable Care Act. Health and human services workers in the state, including Jennifer Sullivan, Secretary of Indiana's Family and Social Services Administration, began to wonder whether the Healthy Indiana Plan could do more than just ensure healthcare coverage: could the "Plan" be a broader vision to lead to better health outcomes through preventative and wraparound care and connectivity to social services and the community? In other words, as opposed to only ensuring that Hoosiers had coverage after health catastrophes, could the Plan work to create a healthy state through preventing devastating health issues in the first place, and through making health (not just health care) a shared responsibility and goal?

At the **2019 Health and Human Services Summit: Purpose, Passion and Impact for the Future**, Sullivan shared how her office set a strategy to move upstream in value by focusing on social determinants of health, in other words, focusing on the environmental conditions and factors such as housing, nutrition, transportation, education, etc., that influence health and human services outcomes. This new initiative would put Hoosiers and their families at the center of its work.

Strong in their belief that health care should be a shared responsibility and goal, Sullivan and her team decided that to work toward a healthy Indiana, it was essential to uncover the social determinants of health outcomes that were most relevant for Indiana. They invited community partners to collaborate, and together, began with the premise that



“This is why we’re here: to make sure that the things we build outlast any of us and they reflect our priorities and our purpose and our reason for getting up and coming to work every day.”

– Jennifer Sullivan
Secretary, Indiana Family and
Social Services Administration

while we invest heavily in health care in the United States, we don’t invest in health – in other words, we don’t consider the kinds of preventative care that would help to avoid more expensive, later interventions. Sullivan describes this as the “two-thirds/one-third paradox”: in this country, two-thirds of our health care spending is on delivery and one-third is on social services. This, Sullivan says, is the most expensive approach. In nations with better health outcomes, this ratio is reversed, and fewer costly, late interventions are necessary.

Sullivan and her team started by building an external advisory board with a shared vision: that “all Hoosiers have equitable access to social and physical supports needed to promote health from birth to end of life.” Their journey toward making this goal a reality was iterative, and grounded in the idea that if asked, people will say what they need.

Sullivan decided to begin with curiosity as opposed to implementation of pilot programs because in the past, it had been a challenge to scale and pivot programs so they best serve the people who need them. “It’s easy to start with programs,” says Sullivan, “But we thought, ‘you know what? If we build programs without understanding our members better, then we probably are going to go in a bad direction and have to pivot a lot faster than we ever thought we could.’ We wanted to understand our members first. And so we asked them. It seems kind of simple, but it’s really powerful.” By the end of August 2018, Sullivan and her team asked a social determinants of health question at the end of every SNAP, Medicaid, and TANF application. In response, 66 percent of applicants shared that they experience food insecurity, which gave the external advisory board key information in thinking through the programs that they wanted to implement.

In addition to gathering key information from Hoosiers who struggle with poverty and health outcomes, Sullivan and her colleagues decided that interventions with staff were needed. It was essential to view interactions between staff and members as a relationship instead of a transaction. Front line staff had to become experts in social determinants of health, and so they were educated and trained to assess, recognize, and assist with needs at every point of contact. For example, they learned that filling out an application for SNAP might be an indicator that a member is also in need of other services. Front line staff could discover members’ needs through the practice of being curious and listening carefully. Asking the right questions at the end of interventions with the goal of staff development is also important, says Sullivan – for example, asking members: “are we doing our job and have we communicated to you well?” Delving into members’ struggles and consistently reflecting on how staff can improve their work became the foundation of the new Healthy Indiana plan.

In tandem with developing and educating staff to build relationships, Sullivan says, her team created a parallel initiative around adverse childhood experiences across the agency. The initiative was centered around giving trauma-informed care, which rests on the assumption of previous trauma and the ability to move toward interpersonal relationships that reflect people’s individual experiences.



“Sometimes it’s a small thing that will maintain the house of cards that oftentimes our clients are dealing with and allow them to not just keep the status quo, but transition to a more generative model where we are moving upstream, and we’re helping people not just keep it together, but actually see a bright future where they’re going to be more safe and secure”

– Philip Poley
Managing Director
Public Sector Health Industry Lead, Accenture

Most important, Sullivan says, is upstream work. This means ensuring that policies reflect the values of aligning resources to preemptively solve challenges, and that initiatives are grounded in community expertise and collaboration as opposed to redundancy, silos or competition. To catalyze this, Sullivan and her team built a network that united many public, private, and community-based organizations in Indiana. Together, they helped to direct referrals and create blended funding streams, which continue to support and evaluate whether initiatives are successful over time. Building on Indiana Governor Eric Holcomb’s inspiring hashtag “Why We’re Here,” Sullivan says, “This is why we’re here: to make sure that the things we build outlast any of us and they reflect our priorities and our purpose and our reason for getting up and coming to work every day.” Systems, she states, come down to how we build our communities, and how well we draw on the expertise that is already there. “There’s not a lot of creation of anything new,” Sullivan says, “It’s just a connection of the folks that have been studying and have been doing this work for a really long time and putting them all in a room and saying ‘you were right.’” Through iterative work that is grounded in asking questions and tapping into community expertise, Sullivan reports, it’s possible to change life trajectories for a countless number of people. “We don’t have the answers,” she says. “They did all along. We just had to ask.”

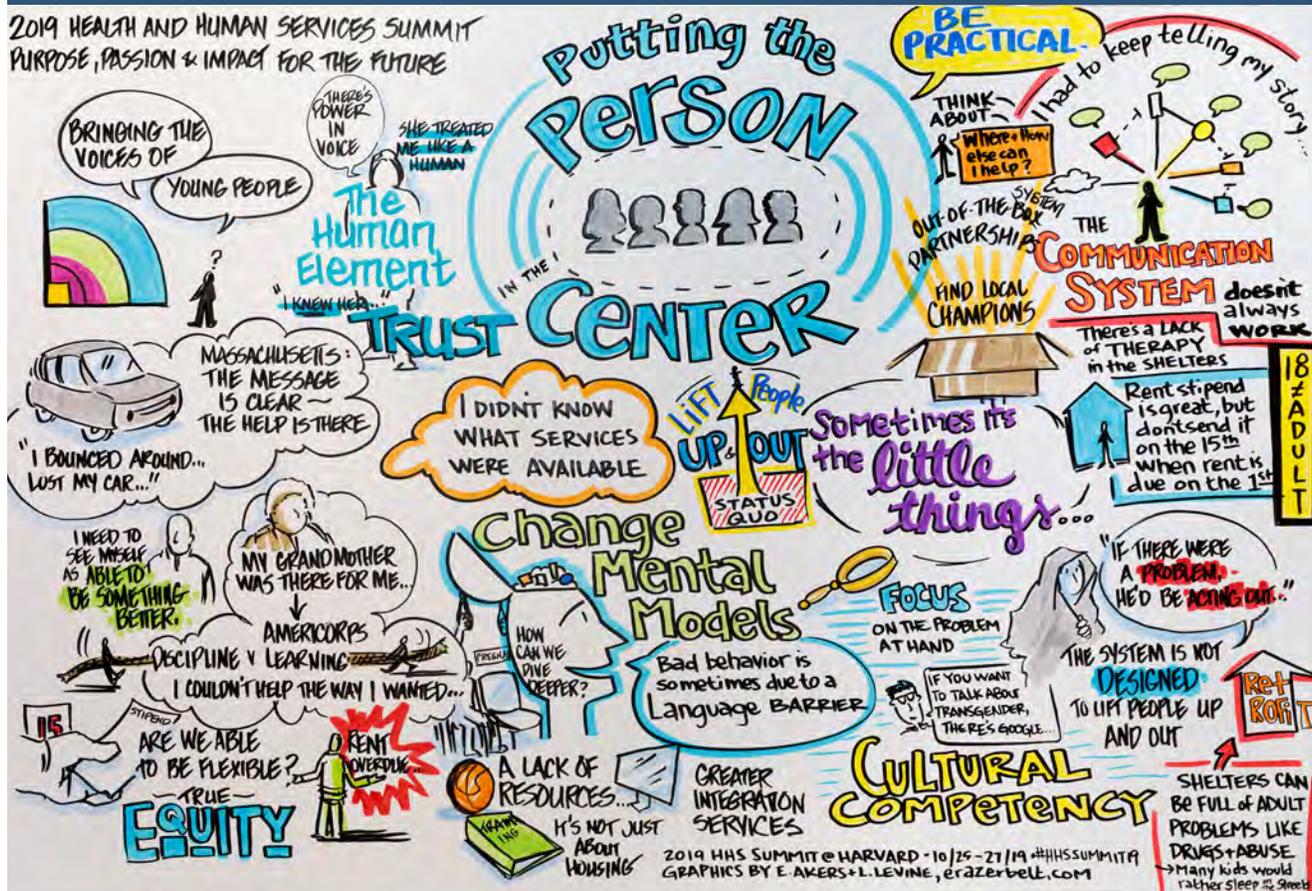
Leadership and Strategy Insights:

- **Zoom out for deeper insight:** Sullivan and her team decided to look at the bigger picture, focusing not just on Hoosiers’ health, but on the social determinants of health in Indiana. This helped them to create services and solutions that knit together resources in ways that preemptively solve challenges.
- **Put the person at the center:** Instead of beginning their initiative with pilot programs, Sullivan’s team asked key questions that encouraged individuals and families to identify their struggles. Through person-centric insight, they were better able to tailor their approach to what Hoosiers needed and to ensure that the initiative was grounded in collaboration and community values.
- **Connect at multiple levels:** Sullivan’s office learned that it was crucial to nurture bonds not only between staff and members but between and among staff and administrators. Sullivan sees each interaction not as a transaction, but as part of a growing, changing, human relationship that fosters creativity and problem solving.

"We have to put people at the center of our policies and services. There's a window of opportunity through brain science that says that young people can heal, and there's a lot of opportunity to build your critical thinking, and your decision-making. And if you're retrofitted into systems that are not designed that way, that's going to make it a challenge for you to thrive later on in life. By being people-centered, our services become a catalyst to people thriving."

– Sandra Gasca-Gonzales

Vice President, Center for Systems Innovation, Annie E. Casey Foundation



"It was really refreshing when an adult walked in and treated me like a human. It was such a tiny thing, but it really made a big difference. I healed so much because I learned to trust her. That's what's missing in our health and human services field today. There's a code of professionalism that oftentimes, unfortunately, limits the human interaction."

– Kayla Powell

Jim Casey Young Fellow, Annie E. Casey Foundation

"Do I really know equity like I should? I realize I have my own perception of people and how they act and are, but have I been challenging myself, especially being a part of human services now, to look beyond the stereotypes that I have in my own mind?"

– Carloe Moser

Jim Casey Young Fellow, Annie E. Casey Foundation



Building A Platform for Equity

The noted poet James Baldwin once said: “Not everything that is faced can be changed. But nothing can be changed until it is faced.” In this spirit, leaders at the Health and Human Services Summit forcefully faced the persistent challenge of ensuring that every individual, every family and every community has equity in health and human services opportunities and outcomes.

The resolve in the room was palpable. In fact, 90% of Health and Human Services Summit attendees reported that improving equity in social and economic mobility is extremely valuable in achieving new outcomes, and 39% included ‘racial equity in opportunity and outcomes’ as one of the field’s biggest drivers of change.

The mindsets of health and human services policymakers and executives show that advancing social and economic mobility is one of the most pressing challenges of our time. Equity in the hope and realization of building a better life helps hold the social fabric of communities and the nation together. Yet by most accounts, social and economic mobility is declining in the United States. By broad measures, the middle-class of the country is shrinking while the rate of extreme wealth and those in deep poverty are rising¹. When viewed from a race-based lens, the decline in social and economic mobility is even more stark. For example, the median White family had more than ten times the wealth of the median Black family in 2016, and the gap between Black and White families grew by \$54,000 from 1992 to 2016. The generational effects of this gap result in an array of negatives outcomes, such as the fact that 70 percent of middle-class Black children are likely to fall out of the middle class



“We have to be courageous to talk about our own selves and our own stories and acknowledge that experience is different in different forms of inequity. And all of those are real and true and we need to take them all on.”

– Susan Gale Perry
Chief Deputy Secretary of the North Carolina Department of
Health and Human Services

¹ Annie E. Casey Foundation, the Ford Foundation and the Open Society Institute. “Improving Access to Public Benefits.” April 2010. <http://www.aecf.org/resources/improving-access-to-public-benefits/>

as they move into adulthood². In addition, inequities are being found in the LGBTQ community. For example, in LA County alone, 20% of foster youth identify as LGBTQ, which equates to three times overrepresentation³.

Apart from the social and human cost of decline in social and economic mobility is the economic cost. The nation's growth and prosperity are suppressed by inequality. For example, according to recent analysis by McKinsey & Co, closing the racial wealth gap could grow US Gross Domestic Product six percent by 2028, thereby lifting all people to a brighter future⁴.

The potential for both equity and growth is driving an inflection point for leaders in health and human services – and the strategic imperative is to orient services and solutions more directly at equity. According to a panel made up of Michael McAfee, CEO of PolicyLink; Bobby Cagle, Director of LA County Department of Health and Human Services; and Susan Gale Perry, Chief Deputy Secretary of the North Carolina Department of Health and Human Services; a new vision and set of actions is needed to truly make lasting progress.

At the Health and Human Services Summit, in a session moderated by Antonio Oftelie, Executive Director of LNW, each of these three leaders shared the steps taken by their organizations, along with their respective visions for improving equity in social and economic mobility.

The sections that follow represent the most salient themes from the panel and conclude with an overview of action steps brainstormed by Summit attendees to help guide other leaders in this work.



"We have the resources," said McAfee, "to provide support for those living in poverty.... We are not a broke nation. We seem to only be broke when it comes to talking about black, brown, and poor white folks."

– Michael McAfee
CEO of PolicyLink

Center New Voices, Tell New Stories

Typically, conversations about race and equity tend to stem from the dominant theories and ideologies that permeate institutions, policies, and practices. In the United States, policy and practice discussions are often centered from, developed by, and paced through a lens that historically has been white-centric. McAfee challenged this status-quo by saying, "equity can no longer be held hostage by centering whiteness." This means that working toward equity requires acting without waiting for permission from those with privilege to 'get it'. According to McAfee, we will only begin to center the stories of the 100 million people living at 200 percent of the poverty level in the United States when we make space for leaders with radical vision and politics, who act without fear of upsetting someone in a position of power, to emerge. "We have the resources," said McAfee, "to provide support for those living in poverty.... We are not a broke nation. We seem to only be broke when it comes to talking about black, brown, and poor white folks."

In addition to 'decentering whiteness' and supporting diverse and radical leaders, Perry and Cagle each emphasized the importance of telling new stories by using an equity-focused lens to interpret data. For example, in Los Angeles, Cagle said, infant mortality, child maltreatment, and pre-Kindergarten expulsions disproportionately affect black and brown communities. One might explain these numbers with social class. Yet looking more deeply, these outcomes cross class for black people. Thus, they are not the result of people's poverty. Rather, the numbers reveal the implicit bias with which services are delivered. It is crucial, he said, not to stop at just putting out data, but to find the nuanced and complicated stories behind the data.

2 Chetty, Raj, Nathaniel Hendren, Maggie Jones, and Sonya R. Porter. The Equality of Opportunity Project. "Race and Economic Opportunity in the United States." March 2018 http://www.equality-of-opportunity.org/assets/documents/race_summary.pdf

3 Branson-Potts, Haley. "Gay youths more likely to report trouble in foster care, study finds." LA Times August 27, 2014.

4 McKinsey and Company. "The Economic Impact of Closing the Racial Wealth Gap." August 2019

Similar to Los Angeles, Perry shared that North Carolina has the eleventh-highest infant mortality rate in the country, and that the infant mortality rate for black babies is twice as high as it is for white ones. Black communities are also disproportionately affected by third grade reading proficiency issues. Her office worked to reduce these disparities through diversifying its leadership and by providing implicit bias training for the entire staff. They also analyzed data about disciplinary action, retention, and promotion of staff, knowing that they couldn't work for racial equity outside of their walls if inside they were working from status-quo models and mindsets. Undergirding this logic, Perry said, is the idea that "we have to be courageous to talk about our own selves and our own stories and acknowledge that experience is different in different forms of inequity. And all of those are real and true and we need to take them all on."

Through courageous and radical leadership, as well as through digging more deeply into the uncomfortable truths behind inequity, the panelists agreed, we can move toward more hopeful and equitable outcomes.

Build Radical Coalitions through Shared Visions

Leaders with radical vision are key in this work. McAfee emphasized the importance of the radical imagination and optimism of a critical mass. We give credence to the myth of meritocracy in the United States by frequently telling the stories of outliers: those who pull themselves up by their bootstraps against all odds. Instead, we should build coalitions around the more common stories of those whose opportunities are curtailed by inequitable social structures. When these stories are told, people who may not share identity markers, but who share an interest in increasing their own communities' access to power, resources, and life chances can share goals for social change, and can create ways of measuring those goals. McAfee discussed the possibility of building coalitions between black, brown, and poor white people, and shared that the point is to share the understanding of how people got to where they are: "The challenge is not to get into this pissing match back and forth," he said, "but just to acknowledge the truth and figure out how we can work together." The trick, he said, is figuring out a solution that benefits the 100 million living at 200 percent of the poverty level.

Coalitions and good leadership are key, and Cagle reminded the panel that in some organizations, as opposed to promoting from within, it might be necessary to bring an outsider in to lead and create the culture shift necessary for change. But leaders can't do this work alone. Everyone is responsible.

Implicit Bias Training is Necessary... But Not Sufficient

Cagle emphasized that making headway advancing equity demands more than just implicit bias training: while the training is an important step, we must also change policies. Perry agreed, stating that we need to create the conditions that allow the work to happen. Those in organizations need to ensure that the work is well-resourced, and they must hold themselves accountable for making it happen. For Perry, this includes maneuvering around pushback. For example, she and her colleagues refused to remove a reference to structural racism in their early childhood action plan, despite significant political pushback.



"The structural issues, the attitudes that really built the system that we're currently working in are those things that are partly responsible for the continuation of the disproportionality in whatever area you're talking about. And that that took decades and decades to develop. So the road is going to be long and hard. But that is no excuse for us as leaders not to get in there and dig and understand and try different things. If we don't, we are harming families each and every day."

– Bobby Cagle
Director of LA County Department of
Health and Human Services

For McAfee, shifting policies and social structures is about playing the long game – this is not work that will be done in just a few years. He said that “winning on equity is about a structural redesign of this nation... and we should not be apologetic for that. And we should not act like we need to take a back seat to business interests. Our work is just as important. All sectors are needed.” McAfee added that we won’t win on equity through relying on charity, rather, we win through shifting legal and regulatory frameworks, and building equity by design over time.

Building equity, he emphasized, is about more than just lip service in organizations’ documents, it is about learning to do the work, and no longer participating in learned helplessness. Leaders must embody the work by making equity-centered decisions from the top of their organizations. And, as Perry and Cagle pointed out, the work toward equity can be built into programs like North Carolina’s Early Childhood Action Plan and Los Angeles’s Eliminating Racial Disproportionality and Disparity Program, which strengthen communities from the ground up. Panelists agreed: leaders, organizations and communities must all have a hand in working to envision and realize equity in social and economic mobility.

Action Steps

Following the panel, audience members designed ten action steps leaders of health and human services organizations can take to activate ideas and innovations on social and economic mobility:

1. Leverage internal and external expertise to assess the implications of your organization’s policies, practices, and services on social and economic mobility.
2. Develop a vision and action plan for social and economic mobility not only within your organization, but also inclusive of key stakeholders and partners.
3. Infuse principles and ideals of racial equity into the mission, vision, values, and leadership of your organization.
4. Co-create solutions and services for racial equity and social and economic mobility with the community in order to intentionally and authentically lift-up all voices.
5. Utilize data and analytics to better understand outcomes on social and economic mobility and crosswalk insights to policy and programmatic change.
6. Foster an environment in which employees and stakeholders can engage in difficult conversations with vulnerability, humility and openness in discussion of racial equity.
7. Connect organizational performance measures on racial equity and social and economic mobility to performance evaluations of employees and teams.
8. Design policies and solutions that recognize the impact of social determinants of health and community-trauma on racial equity and social and economic mobility.
9. Build “ecosystems” of organizations and services that can collectively address the full range of social determinants of health within a community.
10. Focus on assets and strengths in neighborhoods, networks and communities in order to “build a village” that can activate innovations for social and economic mobility.



“When you face an ambiguous threat, your organization is predisposed to downplay it. There will be cognitive, interpersonal, and organizational factors that lead you to non-optimal responses.”

– Amy Edmondson

Novartis Professor of Leadership and Management,
Harvard Business School



Pathways to a Brighter Future: Fixing the Cliff Effect

The United States is a land of opportunity – a country that prides itself on the promise that if you educate yourself and work hard, you’ll achieve prosperity. Yet what happens when policies and systems impede progress and blunt the promise for people most in need? According to analysis and insights from across the nation, this impediment to social and economic mobility is pervasive, and it’s called the “Cliff Effect.”

This cliff effect, or “benefits cliff” as some call it, refers to [the sudden drop in public benefits that occurs for individuals or families when they achieve a small wage increase](#). For low-income families, the cliff effect is [a barrier to trying to move up the economic ladder](#), and for many, the threat of a loss of benefits is a deterrent to working additional hours, overtime, pursuing education or even landing a new job that could lead to upward economic mobility and financial independence.

The scope of the challenge is illuminated by the numbers. According to the [most recent data from the U.S. Census Bureau](#), 21.3 percent of the U.S. population participates in government assistance programs each month, equating to approximately 52.2 million people. Of those receiving means-tested benefits, 33.5 percent were unemployed, and 43 percent stayed in assistance programs between 37 and 48 months. These numbers represent a vast number of people in the United States who are struggling to gain financial independence while navigating policies, rules, and systems that often hold them back.

To take the challenge of reforming the cliff effect, a panel at the Health and Human Services Summit shared their assessments of the benefits cliff, their vision for changes in policy and practice going forward and some of the challenges they experience or anticipate along the way. Moderated by Mishaela Duran from the U.S. Administration for Children and Families, the discussion began with a case-based view of the cliff effect problem from the perspective of David Altig, the Executive Vice President and Director of Research for the U.S. Federal Reserve Bank, Atlanta. Following Altig’s presentation, Kelly Harder, presenting in the role as a systems thought leader, and who is currently a human services senior program officer with The Kresge Foundation, advocated for radical policy and practice solutions through

PATHWAYS TO A BRIGHTER FUTURE: FIXING the CLIFF



unconventional partnerships. Finally, Jennifer James, the Undersecretary for Workforce Development for the Commonwealth of Massachusetts, and Amy Kershaw, the Associate Commissioner for Economic Assistance and Employment at the Massachusetts Department of Transitional Assistance, used work being done in the New England states, specifically in Massachusetts, as an example for how to incentivize work in other states.

The section that follows synthesizes three of the most important themes from the presentations to guide leaders in eliminating or at least reducing the cliff effect.

Knowledge is Power

While in the long run, it might make financial sense for participants in public assistance programs to pursue steadier, higher income jobs, in the short term, many lose big. Panelists noted that key coaching, financial planning resources and information sharing were essential to helping people make better choices in the long run. Kershaw said: “[Participants] are actually making pretty good economic decisions to park themselves at a place that maximizes income for their family. It doesn’t get them economic stability in the long run, but it does maximize for right now.”



“We have to allow public benefit recipients to keep more of what they’re earning while they’re on benefits if we want to see it as an investment in their economic mobility,”

– Amy Kershaw
Associate Commissioner for Economic Assistance and
Employment, Department of Transitional Assistance.



At its core, explained Altig, this is a tax problem. He shared the case of “Leia,” a movie theater concessions worker who refused overtime as well as a move to an “opportunity occupation,” that is, a job that pays higher than the median wage locally and does not require a four-year bachelor’s degree (Altig gave the example of a registered nurse). If Leia accepted overtime or took a job as a certified nursing assistant on track to become an RN, she stood to lose benefits and income in the short term. In this case, Altig explained, marginal tax rates are key, and these, he explained, are not just the taxes people pay to the government, but what the government takes away from people that it was previously giving. Altig shared his office’s goal: that “every single person in the United States of limited means has access to exactly the same financial planning resources as every person of ample means.” People need to be provided, he said, with information that allows them to make more informed choices. Non-profits, workforce development practitioners and employers should have assistance in identifying when and how supportive services and financial resources could help move people to skill acquisition and a more stable future. Additionally, policymakers should be made aware of the need for these services and resources.

Harder also underscored this point, stating that policy and practice solutions include various modes of gathering knowledge including mapping benefits cliffs, aligning eligibility levels, increasing family economic security through asset development, fostering culture and system changes in the public and private sectors through employer engagement, cost-benefit analysis, goal-setting, and career planning and coaching.

If participants, policymakers and coaches work together in what Harder calls “unconventional partnerships” to share key information and move policy and practice forward, we will begin to see changes at individual, local, state and federal levels.



“Our goal is that every single person in the United States of limited means has access to exactly the same financial planning resource as every person of ample means.”

– David Altig
Executive Vice President and Director of
Research, U.S. Federal Reserve Bank, Atlanta

Do the Math

Altig pointed out that not only does Leia win in the long run if she moves from the movie theater to becoming a certified nursing assistant, the public sector does too. For example, the federal government would gain \$140,000 back if Leia stops participating in public assistance programs. If Leia were to move from being a CNA to becoming an LPN, the federal government would gain back about \$200,000. "This," he explained, "is a half a million-dollar proposition to the government to get Leia to move up the pathway and yet Leia has very little incentive to do it." The problem is what he called a classic mismatch between public and private return.

To run these numbers, Harder said, is to expose the unseen structural inequalities built by policy despite the best of intentions over the years – and potentially to help shift them. Unfortunately, he explained, there is little incentive for upward mobility if tangible benefits and earnings go down, and so "the challenge is, how can we partner to create a completely different path?" Referring to the methods states use to design local innovations that fix federal rules, Harder said "we cannot waiver our way into the solution. Let's look at earned and unearned income, and look at what's livable, and just pay the difference." This is precisely what Dakota County Minnesota's (Harder previously led the human services organization there) Economic Stability Indicator (ESI) is designed to do. Through examining situations on a case-by-case basis and rewarding people for earning more, people are incentivized into upward mobility.

James and Kershaw shared that while they don't believe that we will ever be able to completely eliminate the cliff, there are ways to smooth it out. State-level policy work in Massachusetts provides one example: the state's Learn to Earn Initiative is grounded in analyzing and mapping existing "safety net" benefits programs and developing policies to shift the focus to an incentive-based and career-pathway-focused set of supports that promote employment, wage growth, and permanent exit from health benefits.

The numbers don't lie, and in fact, they are quite persuasive – it is in everyone's best interest to smooth the cliff effect through incentivizing work. However, the panelists agreed, the challenge is to create the partnerships and provide the scaffolds that will help both participants and policymakers to realize that this is in their best interest.

Punishment Doesn't Pay

Central to ameliorating the cliff effect, panelists agreed, is rewarding people for earning more instead of punishing and disincentivizing them. If we don't want participants to continue to need public assistance, then people need incentives to become economically self-sufficient. Through the Learn to Earn Initiative, James and Kershaw shared, people in Massachusetts are partnering for reforms that will allow public benefit recipients to keep more of what they earn while they build work experience, seek credentials, and increase their wages. The initiative seeks to establish transition periods and manageable sliding fee scales, to develop an ongoing financial coaching model, and to work across public systems to align and simplify rules as well as to align benefits requirements with labor market demands. "We have to allow public benefit recipients to keep more of what they're earning while they're on benefits if we want to see it as an investment in their economic mobility," said Kershaw.

Harder underscored this point. If this work is done at a local level, he said, people can be rewarded for earning more. Finally, Altig discussed the cliff-smoothing policy in Orlando, Florida, which smooths out the repercussions of the cliff effect over three years and thereby enables people to have a stable path to self-sufficiency. Through taking the financial planning perspective and closely studying localized cases, people can make more informed choices whether in relation to training, providing services, or shaping policy.



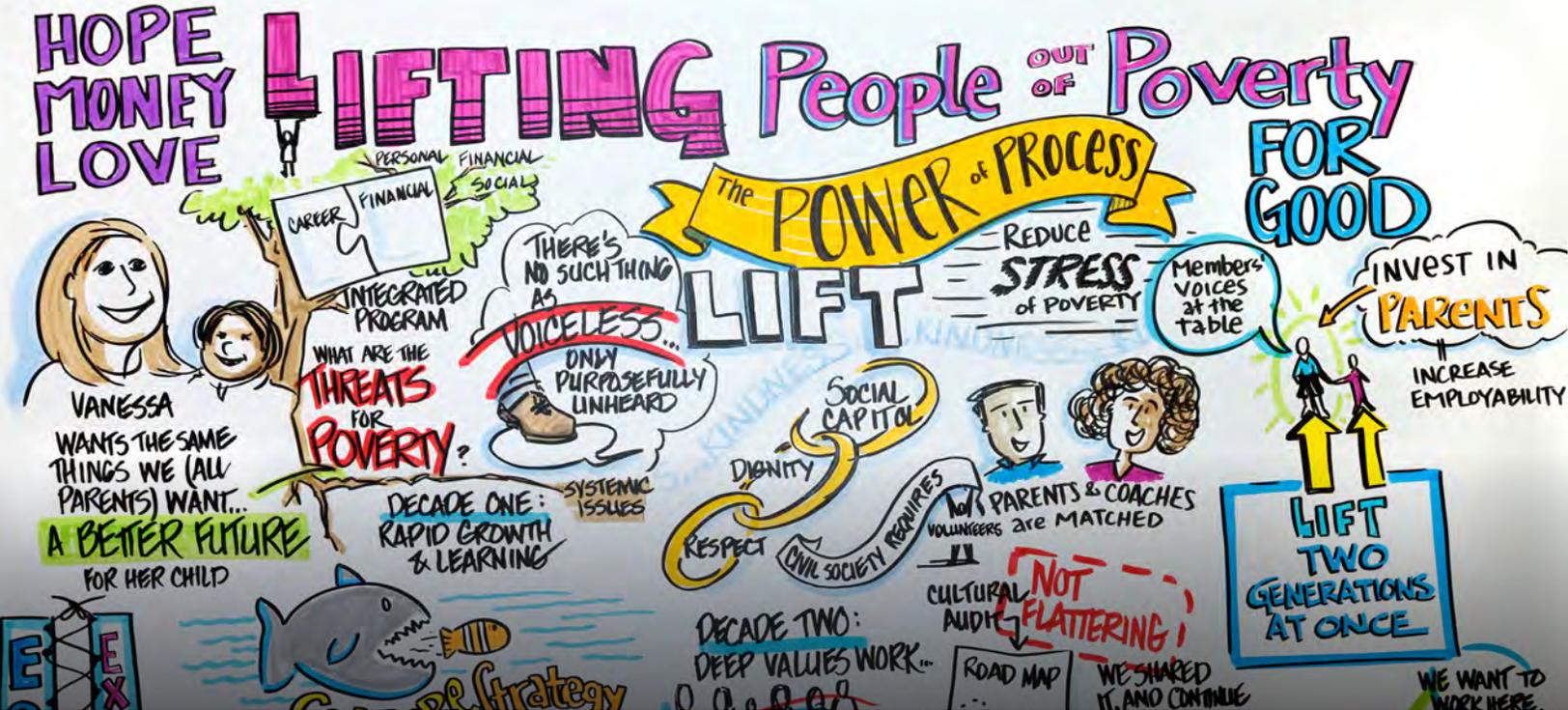
"We cannot waiver our way into the solution. Let's look at earned and unearned income, and look at what's livable, and just pay the difference."

–Kelly Harder
Human Services Senior Program Officer
The Kresge Foundation

Making Progress

The panelists' ideas for smoothing the cliff effect teach those who work in health and human services that sometimes, even seemingly insurmountable structural problems can be addressed through quantifying and experimenting with solutions in unconventional, multi-tiered partnerships. Panelists' work provides the field with a reminder that solving some socioeconomic problems does not have to be a zero-sum game: in fact, there are ways that everyone can win through sharing information, realizing a common goal, and collaborating on the means to accomplish it. To make progress on fixing the cliff effect, below are five critical action steps health and human services policymakers and officials can take.

1. Conduct a rigorous assessment of your region's fiscal cliff effects, taking into consideration the short-, mid-, and long-term impact on social and economic mobility and the region-wide economic and human costs and benefits.
2. Design policy and programmatic solutions for bridging the cliff effect over multiple time frames and that ameliorate challenges at critical juncture points for people such as educational attainment, wage increases, and career shifts.
3. Develop methods and channels to communicate through a financial planning lens, not only for individuals striving to move up the economic ladder, but also for employers and stakeholders looking to improve community-wide growth.
4. Implement cross-sector analytics that can not only track changes in policy and programmatic outcomes that result from mitigating the cliff effect, but also inform policy initiatives on regional economic and human development.
5. Build a cross-sector coalition to effect policy and program change by linking data on region-wide economic development needs, insights on the future workforce and training needs, and community-driven ideas on growth.



Creating Better Outcomes: Building a Two-Generation Practice Model at LIFT

“There’s really no such thing as ‘the voiceless’. There are only the silenced and the deliberately silenced or the preferably unheard.”

– Arundhati Roy

Late in 2015, after LIFT had spent 17 years helping more than 100,000 families and gained recognition as a national model for more effective and human-centered services, leadership of the organization was grappling with whether they were actually lifting people out of poverty for good, as it aspired to do, or instead if it was simply making poverty more tolerable. “I started to ask some tougher questions,” reflected Kirsten Lodal, founder of LIFT, “about how consistently we were driving really meaningful transformation on the part of families versus offering great customer service and some kind of immediate needs support but not really moving the needle too much on family progress.” This line of questioning

echoed a conversation that Lodal was having with Board members and other senior leaders about where LIFT hoped to be in ten years. The consensus was that they wanted to make a systems-level impact, and LIFT’s leaders knew that, to achieve these goals, they needed to refine their programming and isolate their unique value proposition. “What’s the breakthrough innovation that we’re mainstreaming, and which systems are we going to push on?” Lodal said, summarizing the questions that she and her colleagues discussed. She added, “I felt very unsatisfied with our inability to answer that.”

At the **2019 Health and Human Services Summit: Purpose, Passion and Impact for the Future**, Lodal and Michelle Rhone-Collins, LIFT’s Chief Executive Officer, shared LIFT’s vision for gaining better outcomes via a Two-Generation approach, which focused on simultaneously working with children and the adults in their lives together⁵. The power of two-generation approaches is becoming clear, as recent discoveries in brain science showing the long-term impact of poverty on the brains of young children, and conversely, the opportunity to break the cycle of poverty at the point of transmission by changing families’ trajectories during children’s earliest years. “It’s by really recognizing the trauma and the toxic stress of poverty that we’ve guided our program to be able to focus in on the importance of a two-generation approach towards personal well-being,” said Rhone-Collins.

Early experimentation and proof of concept were key to LIFT’s journey. For example, LIFT-Los Angeles (LIFT-LA) was

5 <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>

already using elements of this approach with great success. Unlike other LIFT locations, which typically had standalone offices, LIFT-LA—which had opened in January 2013—was located within the Magnolia Community Initiative (MCI), joining a network of more than 75 organizations working collectively to create sustainable community improvements that will change the trajectory for young children living in a 500-block catchment area in South Los Angeles.⁶ LIFT-LA, like all LIFT locations, was serving all members in need but had also begun collaborating with other MCI organizations amongst other providers throughout LA, creating an ecosystem to help families with young children.^{7, 8}



While LIFT-LA was very successful at launching new programs and building strong partnerships, it nonetheless encountered significant challenges, especially as it related to the transition in the organization’s target population. Like all LIFT locations, LIFT-LA had previously been open to all community members in need. However, as it honed a 2Gen approach and began to better understand who could most benefit from that approach, it narrowed its population to members who met three criteria. The first was that they were parents of children between the ages of zero and eight. The second was that the members had stable housing for at least six months, which was integral because not having housing would interfere with progress in other realms (e.g. job placement and financial services). Finally, they required that each member have some education or work experience, which made it more likely that the organization’s career services would be impactful.

“We agreed that there was one value that stood out amongst the rest as needing the most immediate attention because it was at the epicenter at the core of our work as an anti-poverty organization. And that was diversity. And, so we decided to focus all of our attention on our diversity and inclusion and racial equity work as an organization. Because we really felt that everything else that we were going to try to do from a values and culture standpoint flowed from there.”

– Kirsten Lodal
Founder and Former CEO, LIFT

Learning from the Los Angeles model, and scaling it nationwide, meant that stakeholders and employees needed to be part of the transformation journey. To accomplish this groundwork, Lodal and the leadership team leveraged a Japanese process known as *nemawashi*, which literally translates to “laying roots.” This inclusive approach was beneficial in part because it provided an environment for people to share ideas and integrate them into the transformation strategy. Equally important, it was gentler and more gradual than more western organizational change approaches (where leaders often unveil large strategies in a single presentation) and therefore more likely to succeed. As Lodal explained, “If you want to make a big change in any person who is a stakeholder in that change, he/ she should feel that they were actually a part of the process and well aware of that change before it actually happens.” “To me,” Lodal added, “[this] just felt very natural and normal and true to my leadership style.”

While the *nemawashi* process helped to ease the pivot to a 2Gen approach, aspects of the transition proved painful. Most notably, after having an extensive internal dialogue and reviewing an organizational analysis, LIFT decided to close its Boston and Philadelphia offices. The rationale for closing two of its six regions was based on an assessment

6 “Building Strong Foundations,” LIFT 2013 Impact Report, p. 3, available at <https://view.joomag.com/lift-annual-report-2013-building-strong-foundations/0968157001383855021?short> (accessed on January 15, 2019); “Magnolia Place Community Initiative in Los Angeles, California,” Children’s Bureau, Administration for Children & Families, Department of Health and Human Services,” last updated in 2017, available at <https://cantasd.acf.hhs.gov/bcbh/magnolia-community/> (accessed on January 15, 2019); “Magnolia Place Community Initiative,” available at <http://magnoliaplacela.org/#> <http://magnoliaplacela.org> (accessed on January 15, 2019); and Personal Communication with Michelle Rhone-Collins, by e-mail, March 25, 2019.

7 “Influencing the Social Determinants of Health: A Two-Generation Approach to Breaking the Cycle of Poverty,” Concept Note for the Robert Wood Johnson Foundation, p. 1, obtained via a personal communication by e-mail with Molly Day on October 17, 2018; and Greg Duncan and Katherine Magnunson, “The Long Reach of Early Childhood Poverty,” Stanford University, available at https://inequality.stanford.edu/sites/default/files/media/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf (accessed on January 15, 2019).

8 LIFT LA was located at Magnolia Place, a community center in Southern Los Angeles where a number of MCI members—including a health clinic, a pre-school, and financial services organizations—were co-located to support children and their parents.

of a site's strengths and challenges, ranging from talent to financial stability to the demographics served, but ultimately the decision to contract operations was based on the recognition that to execute against the audacious vision for impact, LIFT required a tighter organizational footprint. With this, the odds of getting it right increased, and given LIFT's ambition – to lift families out of poverty for good – the hard choice felt prudent.⁹

While all regions had to grapple with the transition to a new target population, turning away and exiting members it had long served was even more difficult for LIFT-LA. The organization worked in a high-need area, with 65 percent of people falling below the poverty line and a large population of undocumented immigrants, and many of LIFT's partners had come to depend on being able to refer a wide range of people to them.¹⁰ What's more, some staff and volunteers were deeply devoted to the mission of serving anyone who came through their doors, leading some team members to transition out of the organization. "It was definitely a challenge," said Frank Curiel, LIFT-LA's Program Manager for Careers, who helped to refer members who no longer fit the organization's criteria to other services. "But what made it easier was that we had purpose."

LIFT is now channeling newfound purpose into improved outcomes for families. Early indicators are promising. In 2018, members who committed to LIFT's program for at least three months were seeing an average savings increase of \$1,100 and a debt decrease of \$2,000, and for members who saw an increase in income, the average annual boost was more than \$9,000. Members also grew from the standpoint of their social connections and personal well-being: according to LIFT's 2018 annual report, "58% of members with low levels of hope increased their hope and confidence," "69% of members with high levels of stress decreased their feelings of stress," and "71% of members with low social support increased their social supports."¹¹ "We're enlivening hope in the parents that we work with. As a matter of fact, our program is actually clinically proven to reduce levels of depression and anxiety and stress because of the financial coaching that our parents are receiving," said Rhone-Collins. What's more, the organization was participating in several studies—including a Randomized Controlled Trial with the U.S. Department of Health and Human Services—that would shed further light on the effectiveness of LIFT's approach.¹² Simply put, LIFT had become one of the leading organizations in the country when it came to the fight against intergenerational poverty.

For more insight into the transformation of LIFT, please see the [LIFT Case Study](#).



"There are wealth stripping practices that have really created the racial wealth gap today. So when I think about the next decade for LIFT, I think how is it that we can really contend with that history? I also think about the systemic level interventions that we need to make using our direct service programs as action tanks for demonstrating what can work towards poverty alleviation."

-Michelle Rhone-Collins
Chief Executive Officer, LIFT

9 Day, personal communication, by e-mail, March 1, 2019.

10 Interview with Sam Joo, Director, Magnolia Community Initiative, October 10, 2018; "Magnolia Community Initiative," available at <http://magnoliaplacela.org> (accessed on January 15, 2019); and Katharine Gammon, "In Some of Los Angeles' Poorest Neighborhoods, A Rich Cluster of Services Targets Underserved Kids," Center for Health Journalism, July 20, 2017, available at <https://www.centerforhealthjournalism.org/2017/07/20/some-los-angeles-poorest-neighborhoods-rich-cluster-services-targets-underserved-kids-and> (accessed on January 15, 2019).

11 "2018 Annual Report: The Next Chapter," LIFT.

12 LIFT-LA had also participated in a Randomized Controlled Trial conducted by Dr. Adam Schickedanz, a Research Fellow at UCLA. The data showed that LIFT-LA's financial coaching produced far-reaching benefits for members, not only as it related to their financial security but also their "physical and mental health." Dr. Adam Schickedanz et. al., "Financial Coaching Plus Social Needs Navigation Leads to Improved Health Related Quality of Life in Low-Income Parents: A Community Partnered Randomized Controlled Trial," Pediatric Societies Meeting Abstract, obtained via personal communication by e-mail with Laura Presse, Senior Development Manager, LIFT-Los Angeles, on January 17, 2019.



Leadership and Strategy Insights

- **Envision New Outcomes:** As societal and community needs shift, organizations must pivot as well. Continually scan customer and community needs to better understand what new forms of outcomes are needed to truly achieve your mission.
- **Experimentation Matters:** New practice models generally aren't turnkey. To find out what works, run fast-cycle experiments and pilots that help your organization learn what capabilities and cultural attributes are necessary for success.
- **Connect to Purpose:** Major transformations in business and practice models require more than just change management. To fully embed new value measures and ways of working, connect the new methods to the organization's sense of purpose and mission.



"I have never once talked to a homeless child, an abused adult, a domestic violence victim who said, 'why don't you have one more committee before you do anything to help me?' We don't have time for that. We know what we need to do. We know the neuroscience. We know the child welfare piece. We know early childhood. So, people, not programs. It's time to move."

—Lynn Johnson
Assistant Secretary
US HHS Administration for Children and Families



“Curiosity is such an important driver in everything we do - making good decisions, innovating, leading positive change...”

– Francesca Gino

Tandon Family Professor of Business Administration
Unit Head, Negotiation, Organizations &
Markets, Harvard Business School

Techno

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APHSA Leadership Retreats: A Decade in Review

This past October, leaders from across the country convened for the APHSA Leadership Retreat held in conjunction with the 10th annual Health and Human Services Summit at Harvard. It was these convenings of dedicated health and human services leaders a decade ago that first seeded the development of what would become a robust peer learning community of generative leaders—the Human Services Value Curve Community.

Through the Summit at Harvard, this community continuously pushes the thinking on the art of the possible—by introducing ideas, including those from other fields and sectors; sharing lessons from demonstrations in the field; and taking those lessons beyond the events and considering what is needed in policy and practice to drive systems level change, all the while fostering continuous learning cycles. We have learned together what it means to be generative leaders and coalesced around the imperative of our work—the well-being of all people in all places.

From the first gathering of mostly state-level commissioners in year one, to the early design work of what would become a multi-year focus on driving transformation through APHSA's Pathways framework—shared learning as the Human Services Value Curve gained traction, to development of a Strategic Playbook for the field, to major paradigm shifts in policy and practice as leaders at all levels apply the generative lens to their daily work—the themes from the Retreat themselves tell a story.

YEAR	APHSA Leadership Retreat Theme
2010	Retreat of state leaders held in conjunction with the first Harvard Health & Human Services Summit
2011	Design work on what came to be known as Pathways
2012	Pathways: The Opportunities Ahead for Human Services
2013	Driving Systems Transformation
2014	Promoting Innovations and Demonstrations
2015	The Human Services Value Curve: Turning Ideas into Outcomes
2016	Leading in Uncertain Times: The Power of Generative Thinking
2017	Leading with Purpose—Charting a Collective Course Toward a Human-Serving Ecosystem
2018	Leadership Through a Generative Lens: Building Well-Being from the Ground Up
2019	Building Thriving Communities: Achieving Our Vision Together

By coming together annually to expand our thinking on the art of the possible, the Value Curve Community has also been able to take a deep look at what roadblocks we ourselves have been perpetuating within the existing system. This has allowed us to create space for innovation and make room for what is possible.

In this new decade, we remain fully open to questioning our own beliefs and assumptions through learning and adaptation to truly transform health and human services. We have come to realize that it is necessary to shift our mental models to drive systems-level transformation and progress to the generative stage. These shifts prompt deep and extensive conversations about the vision and mission for APHSA, for specific agencies and communities and, ultimately, for the entire field—and there should be no surprise that this was something we collaborated on with members and partners during the 2019 Leadership Retreat. Reflecting on the past and looking to the future, the primary mental model shifts we saw as most useful can be organized into three general categories: how we see people, how we see services, and how we see systems. In summary, this range of mental model shifts—along with others that emerge as we learn and adapt—support the conversations we need to continue outside of Harvard and within our own organizations and communities.

Ten years in the making, the 2019 Retreat gave us an opportunity to reflect on the past so we can build resilient communities for the future. In order to achieve our desired outcomes, we are going to have to discover new ways to truly achieve greater social and economic mobility for all people. One step in the right direction was hosting the first public meeting of the lead federal staff supporting the newly created Economic Mobility Council. And in keeping with an art of the possible, Alfonso Montero, Chief Executive of the European Social Network, also joined us so we could learn about what other countries are already doing and explore what we might be able to do together. Although there's much to still learn, through generative leadership and collective discovery, we can and will continue to build thriving communities together.



Summary

At the **2019 Health and Human Services Summit: Purpose, Passion and Impact for the Future**, participants shared ideas, inspiration, and energy for moving along the Human Services Value Curve by putting the person at the center and advancing social and economic mobility for all individuals. We were challenged to don our superhero capes and boldly work to ensure that every person has worth and every individual has value, and to work across boundaries to create better outcomes through our organizations and for the future.

The sessions of this Summit created a dialogue around the importance of addressing the “person at the center” by really leaning in and listening to each individual’s story. Our Purpose, as leaders, is to move people upstream, to focus on building equity for every individual, to strengthen families and build resilient communities. This purpose is what we commit to each and every day, by advancing individuals along the Human Services Value Curve, by showing up, making tough decisions and inspiring a call to action.

As health and human services leaders, we acknowledge that we do this work because it is our Passion. Addressing persistent racial, gender, and socio-economic disparities, working to create new solutions for meaningful progress and breaking down longstanding barriers to social and economic mobility and wellness is hard work. But we do this work because it’s necessary, because we care and because we know how critically important it is that everyone has equity in opportunity.

Together, we are one team striving towards the same goal and, collectively, we will have Impact for the Future. In this sense, the Summit does not end but carries us into the future.

Throughout the Summit, your insights, dialogue, and energy pushed the health and human services world to embrace and explore what’s possible. As Susan Gale Perry, Chief Deputy Secretary of the North Carolina Department of Health and Human Services, told us, “We can’t hold the next generation responsible. There’s nothing else we can do but do this work.”



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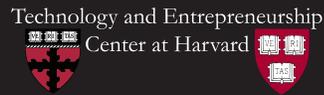
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