

# The Dynamics of Convergence

*Insights from the 2014 Human Services Summit at  
Harvard University*



LEADERSHIP FOR A  
NETWORKED WORLD



## Introduction

One common theme in the human services world is the intense and relentless pace of change and disruption. Fueling this turbulence is *convergence* – a phenomenon in which technological, economic, and social factors coevolve to create a new operating environment and upend existing institutional value proposition and legitimacy. What’s imperative now is that human services leaders understand how to shape convergence in order to create newfound capacity for the future—solutions to pressing challenges, the outcomes that people need, and the legitimacy that society demands.

To move forward, human services leaders must examine and appreciate how the dynamics of convergence will play out now and in the future. Based on insights from previous summits and research, we can forecast greater alignment and new partnerships between health and human services, education, workforce, and public safety to create pathways to community well-being. We anticipate that advances in technology, social media, and analytics will generate entirely new ways of engaging with citizens, evaluating programs, and customizing services. New financial models will open channels for investing in long-term solutions. Ideas in behavioral economics and evidence-based budgeting will alter how policy is developed, how outcomes are valued and how impacts are measured. And new research on behavior and executive functioning will shape better interventions.

To help leaders examine convergence dynamics and build capacity for the future, the Technology and Entrepreneurship Center at Harvard, Leadership for a Networked World, and Accenture, in collaboration with the American Public Human Services Association, hosted the *2014 Human Services Summit: The Dynamics of Convergence*. This fifth annual Summit, convened in late October at Harvard University, brought together the world’s foremost human services practitioners, industry experts, and Harvard faculty and researchers to explore these topics.

Through ideation sessions and topical workshops, participants grappled with the peril and potential of convergence and explored adaptive leadership techniques to help them mobilize their workforce, partners, and other stakeholders to develop a vision of transformation.



The Summit also featured illuminating case presentations and research sessions, each showcasing various skills, models, and practical tools that can enable leaders to sustainably transform human service delivery:

- Ohio revealed how they leveraged resources across agencies in order to modernize Medicaid, streamline programs, and improve health system performance.
- Ireland's Department of Social Protection explained how the country's economic recession drove their transformation, from an organization that managed transactions and back-office functions to an enterprise that improves outcomes through citizen-centric advisory services and programs.
- *(Research session)* Kathryn Stack of the White House Office of Management & Budget and Carolyn Colvin of the U.S. Social Security Administration discussed new evidence-based strategies that are changing how leaders design programs and measure outcomes.
- Dakota County, Minnesota, showed how they incorporated the Human Services Value Curve into their strategic plan to integrate county divisions and service-delivery partners in order to create a circle of services that promote self-sufficiency.
- *(Research session)* Stephanie Jones of the Harvard Graduate School of Education examined the effects of poverty on cognitive functioning and the implications for behavioral intervention.

By sharing these cases, sessions, and other Summit insights, we hope this report will encourage other leaders to consider how convergence dynamics shape their operating environment and will, in turn, inform and inspire their own visions for transformation.

In collaboration with





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# Letter from the Executive Director



Colleagues,

One of Abraham Lincoln's last acts as President was to establish The Freedmen's Bureau, charged with implementing vital human services for 4 million newly emancipated slaves<sup>1</sup>.

Over its seven-year run—despite the unending demands, unfunded mandates, unwieldy administration, and unrelenting opposition—the Freedmen's Bureau treated a half-million patients, distributed 21 million rations, made loans for thousands of businesses, built more than 1,000 schools in the South, educated more than 150,000 children, and paved the way for the 14th and 15th Amendments to the U.S. Constitution.

It wasn't merely the stroke of Lincoln's pen that enabled the Freedmen's Bureau. Swiftly—urgently—multiple factors were converging that made conditions ripe for a big leap forward. Leaders worked to address poverty and social revolution in the South. Freedmen needed bridges into voluntary industry. Congress was in disarray. And the nation's economic system had been upended. Lincoln leveraged these social and economic factors to gain support for the Freedmen's Bureau.

Public leaders today similarly face a critical challenge and opportunity as the result of *convergence*—a phenomenon in which technological, economic, and social factors are not merely evolving, but combining into new forms that fundamentally change an operating environment. The resulting dynamics inevitably challenge existing societal needs, governmental policies, and models for the delivery of services.

The goal of the *2014 Human Services Summit* was to help leaders examine five key dynamics of convergence (outlined in this report) and to explore the critical questions they raise: How will convergence reshape citizens' needs and expectations? How should different systems partner in order to meet these demands? How can leadership teams and frontline staffers be empowered to embrace new roles, new responsibilities, and a new vision? Finally, what should the human services organization of the future look like?

This report, like the Summit that inspired it, is for “Chief Transformation Officers” like you, striving to develop a vision and corresponding strategy that leverages convergence dynamics and transforms your organization's capacity to respond and act. On behalf of all Summit attendees, I hope this paper helps you create that vision.

All the best,

A handwritten signature in black ink, appearing to read 'A. Oftelie', with a long horizontal line extending to the right.

Antonio M. Oftelie  
Executive Director, Leadership for a Networked World  
Public Sector Innovation Fellow, Technology and Entrepreneurship Center at Harvard

1. W.E.B. Du Bois, *The Freedmen's Bureau* (1901). *The Atlantic Monthly*, Volume 87

# 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 enterprise 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.

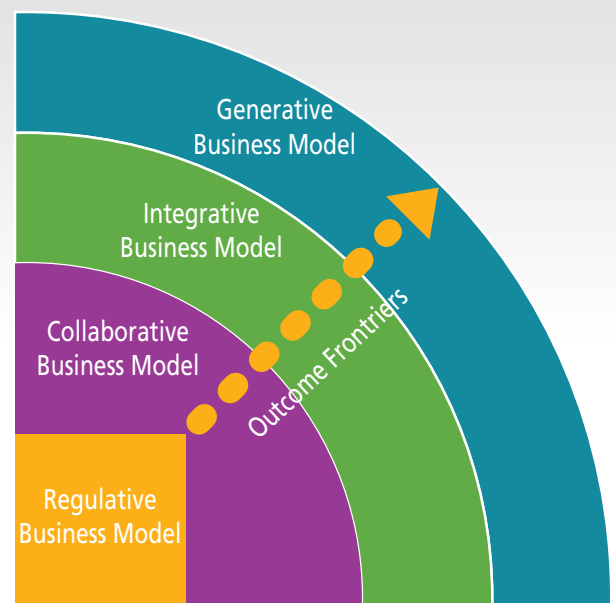
- **Regulative Business Model:** This model focuses on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.
- **Collaborative Business Model:** This model focuses on supporting constituents in receiving all the services for which 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 used the framework to discuss how leaders can leverage today's "Dynamics of Convergence" in their transformation strategies.

## Human Services Value Curve

Efficiency in  
Achieving Outcomes



Effectiveness in  
Achieving Outcomes

To read the full report on the Human Services Value Curve, please go to URL

<http://lnw.io/hsvaluecurve>

# The Dynamics of Convergence

Broadly speaking, convergence is a phenomenon in which technological, economic, and social factors are dynamically changing and combining to create a new operating environment, and thereby upending existing institutional value proposition and legitimacy.

Every pressing challenge we have—ensuring economic security, expanding civil rights and social justice, sustaining the environment, redesigning healthcare and human services, improving education, etc.—demands reacting to convergence in ways that transform our capacity to respond and act.

Convergence presents both peril and promise. If leaders can't (or won't) respond to convergence, government outcomes decline, public value decreases, and the legitimacy of democratic governance collapses. If, however, government can harness convergence—strategically guiding the adaptation of policies, systems, and people—transformative solutions will arise.

Before meeting at the Summit, participants offered their perspective, through an online survey, on five particular dynamics of convergence.

**1. Systems & Structure:** The alignment of health and human services with education, workforce development and public safety will yield new partnerships and pathways to sustainable, population-based health and wellbeing.

**Survey feedback:** Summit participants cited “opportunities to leverage funding” and “executive sponsorship” as the most significant factors enabling adaptation to this dynamic, while “competing priorities” and “regulatory or legal limitations” were the most significant barriers..

**2. Platforms & Engagement:** The fusion of technological platforms, mobile applications, data-driven analytics and social networks will afford new ways to engage with citizens, evaluate programs and customize services.

**Survey feedback:** Summit participants identified “new technologies,” “availability of data” and “transforming services and saving costs,” as the most significant enablers to adaptation; the most significant barriers were “coordinating across agencies and organizations,” “sharing cross-agency data,” and “resistance to changing programs and processes.”

**3. Capital & Investment:** The intersection of demand for preventive services with public and private investment models will improve and increase the use of financial mechanisms such as Pay-for-Success and Social Impact Bonds, as well as open channels for leverage in long-term solutions.

**Survey feedback:** Participants identified “potential impact,” “potential cost savings” and “cross-sector partnerships” as the most significant enablers to adaptation; significant barriers include “organizational capacity,” “identifying investors,” “establishing appropriate outcomes” and “structuring agreements.”

**4. Behavior & Design:** The merging of ideas in behavioral economics and evidence-based program design will set new standards and methods for how policy and programs are developed, how outcomes are valued, and how impacts are measured.

**Survey feedback:** For this dynamic, participants cited “potential impact,” “belief in a better way” and “transforming services” as significant enablers; significant barriers included “identifying proven interventions,” “calculating return on investment” and “organizational capacity.”

**5. Mindset & Models:** The combination of new research in brain science (developmental psychology, social determinants, executive functioning) with human services practice models will inform intervention designs and empower families to succeed.

**Survey feedback:** Participants cited “potential impact,” “executive sponsorship” and “transforming services” as significant enablers to adaptation, while the most significant barriers were “limited expertise,” “calculating return on investment” and “organizational capacity.”

Participants agreed, nearly across the board, that these five convergence dynamics would result in moderate to major change to their organizational mission and operating models (Figure 1). The vast majority also agreed these five dynamics would result in moderate to major change in customers' demands and expectations (Figure 2). In such an environment, it is crucial that leaders develop a vision and strategy for leveraging these dynamics of convergence as catalysts for change, moving their organization up the Human Services Value Curve toward a generative model of service-delivery.

Figure 1

## Impact on Mission & Model

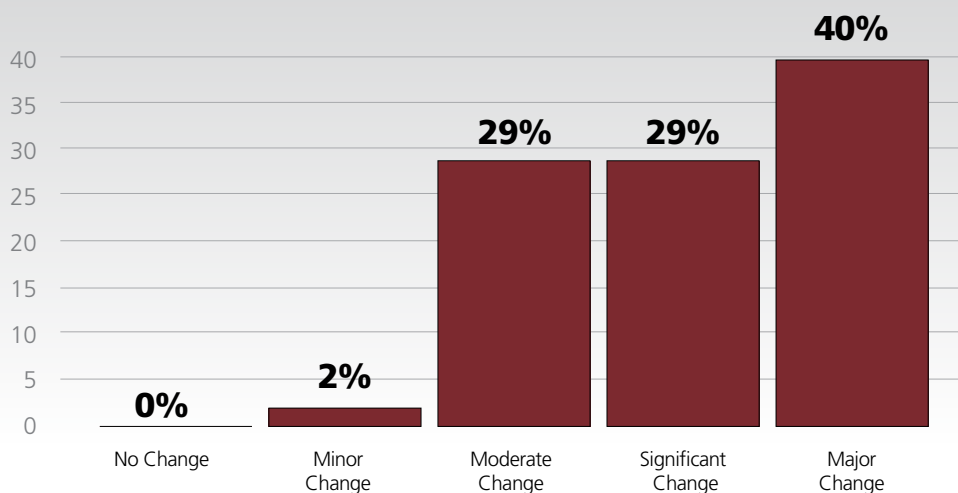
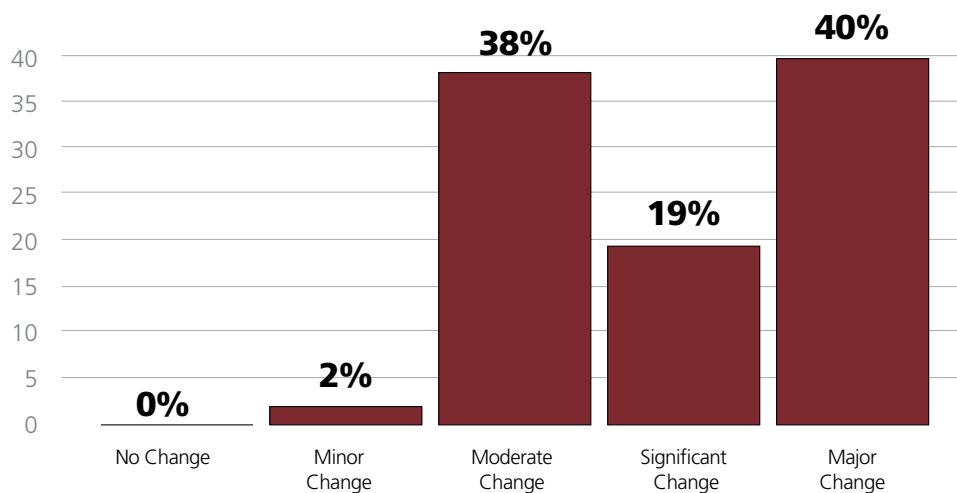


Figure 2

## Impact on Customer Demand & Expectations





“So we turned this system on. Within 20 minutes we found our first veteran. And within 10 hours, he had services that he didn’t have before.”

- Rex Plouck

Ohio Governor’s Office of Health  
Transformation



## CASE IN POINT: Converging on Outcomes

### State of Ohio

Governor of Ohio John Kasich took office in 2011, determined to resolve the state’s alarming budget shortfall using a fiscally conservative approach while simultaneously improving the government safety net. To propel this agenda, he formed the Office of Health Transformation (OHT), a small leadership team possessing the skills and experience to formulate a successful transformation plan which the Governor empowered them to implement.

The OHT transformation strategy is vast in scope, and presently includes over twenty initiatives grouped under three, interrelated threads: modernizing Medicaid, streamlining health and human services, and paying for value.

In this session Rex Plouck, who manages several strategic initiatives within OHT, outlined the convergence dynamics impacting the human services landscape in Ohio, and then described steps they have taken to leverage these dynamics. Although he touched on several OHT initiatives, Plouck focused primarily on their new *integrated eligibility system*, illustrating how various aspects of the OHT transformation strategy have enabled implementation of large-scale projects.

This case contains practical examples of executive action (summarized at the end of this section in *Leadership Insights*) that serve as useful tools for any transformation leader. These include:

- Empower a small and nimble team to leverage resources across agencies.
- Recruit the best talent from agencies and partners to help design new systems.
- Amend outdated legislation with *simple language* to facilitate integration.

### Transforming Healthcare amid Convergence

Governor John Kasich made transforming healthcare in the state a top priority. At the time he was elected, Ohio citizens were spending just over \$7,000 per person on healthcare annually, more than 33 other states, and yet Ohio ranked 37th in health outcomes.

Kasich created the OHT, responsible for setting broad policy, managing high level budgets and driving technology projects across all Health and Human Services departments (Aging, Health, Mental Health & Addiction Services, Developmental Disabilities, and Jobs & Family Services), along with Administrative Services and Budget & Management. Plouck described this small team, comprised of just five people, as a “brain trust” that leverages all agencies and their resources. The Governor recruited each health and human service cabinet member, with the understanding that they would all be cooperating on a plan for transformation.

From the outset, OHT noted several areas of convergence that would factor into their transformation strategy. First and foremost concerned Ohio’s budget. The recession had left the state with a budget shortfall of \$8 billion, and Governor Kasich was determined to minimize the tax burden on citizens. OHT would also have to seek new opportunities for leveraging federal funds.

OHT also had to meet several ongoing demands. Political leaders continued to push for a more streamlined government, initiatives that supported job growth, and increased innovation and responsiveness. Meanwhile, clients wanted services they could access remotely and with mobile technology, around the clock, and they wanted a seamless experience.

The OHT plan would most certainly include major technology initiatives, and technology was changing faster than ever. “My iPhone 6 has more processing power than a desktop computer had five or six years ago,” Plouck said.

Finally, OHT would have to grapple with several antiquated and inconsistent laws that made service-delivery divisive and inefficient.

## Defining Goals, Focusing on Scale, and Overcoming Legal Barriers

In order to move Ohio’s healthcare system toward a Generative model, per the Human Services Value Curve, OHT reasoned they would need a transformation plan that included organizational interaction, process improvements, and new technology platforms.

Also guiding OHT strategy was the ultimate goal of making families self-sufficient, a goal that encompassed the principles of both fiscal responsibility and better outcomes for citizens. Governor Kasich, a true fiscal conservative, placed the highest value on government providing a hand up-and-out of poverty for any Ohio citizen who takes personal responsibility to improve their situation.

Finally, OHT created the “Operating Protocol,” which was incorporated into state law. Even though agency policy leaders were eager to work together and share resources, the legal process involved had historically slowed or stalled such collaboration. The new Protocol stipulated that agencies could work together and share resources (data, human or financial) with merely simple, not legalistic, agreements between them, provided the activities were part of an OHT initiative.

Summit participants expressed curiosity, even surprise, when Plouck explained how simple the solution to outdated legal barriers turned out to be. Incorporating the Protocol did not change any existing legal language, he said. Rather, two paragraphs were added, basically stipulating that the Protocol would conditionally supersede existing regulations, including those regarding HIPAA law. “I’m blown away,” one participant uttered. “It’s literally two paragraphs,” Plouck repeated.

## County Collaboration and Shared Services

Governor Kasich stressed the importance of OHT collaborating with counties, particularly since county workers are the ones who deliver citizen services. “Ohio counties are our customers, but our 88 counties were 88 silos,” Plouck said. Consequently, OHT recruited several county representatives who now spend three days per week in Columbus, Ohio, working on various OHT initiatives and providing county insight.

An early example of such collaboration involved development of Ohio’s new eligibility system, which county workers would ultimately use. County workers helped to compose the Request for Proposals (RFP), evaluate submitted proposals, and inform the design process. Plouck urged counties to offer up only their most talented and dedicated people to participate. “We’re going to replace a 30-year-old legacy system,” he reminded them, “and you may have to live with this new one for the next 30 years.”

# Overcoming Outdated Legal Barriers

## The OHT “Operating Protocol”

*The following language was incorporated into the Ohio Revised Code to facilitate collaboration and resource-sharing between agencies, using simple agreements, provided the activities are part of an OHT initiative.*

(C) In furtherance of the authority of the executive director of the office of health transformation under division (B) of this section, the executive director or the executive director’s designee shall identify each health transformation initiative in this state that involves the participation of two or more state agencies and that permits or requires an interagency agreement to be entered into for purposes of specifying each participating agency’s role in coordinating, operating, or funding the initiative, or facilitating the exchange of data or other information for the initiative. The executive director shall publish a list of the identified health transformation initiatives on the internet web site maintained by the office of health transformation.

(D) For each health transformation initiative that is identified under division (C) of this section, the executive director or the executive director’s designee shall, in consultation with each participating agency, adopt one or more operating protocols. Notwithstanding any law enacted by the general assembly or rule adopted by a state agency, the provisions in a protocol shall supersede any provisions in an interagency agreement, including an interagency agreement entered into under section 5101.10 or 5162.35 of the Revised Code, that differ from the provisions of the protocol.

## Ohio Revised Code 191.06

(available at <http://codes.ohio.gov/orc/191.06>)

To further facilitate collaboration and integration, OHT would also seek opportunities to employ a shared-services model that one agency (Job & Family Services) had successfully piloted a few years prior. This pilot program gave seven counties a new technology platform that would enable them to share work across counties and essentially function as one agency. Although the agency provided the new platform, it fell to the pilot group (which consisted of both union and nonunion counties) to work out the collaboration specifics, which they did successfully. The pilot demonstrated that a group of motivated counties could join together around a new platform, develop their own framework for integration, and function together as a unified, service-delivery agency. The potential application of this shared-services model to OHT initiatives held great promise.



## Transforming Eligibility

One of the first OHT initiatives would be Ohio's new eligibility system. This integrated system would ensure that a case did not "exist" in any one place. "It's a case," Plouck said. "It doesn't matter where you live and where you started it." The system would be an expensive venture, but virtually everyone, including the Governor, believed it would result in far superior service for end-users.

A key feature of the new system would be a self-service portal. The older system had gradually turned case managers into paper pushers, Plouck said. The self-service portal would expedite simpler cases and free up valuable time, allowing frontline workers to focus their efforts on cases that were more complicated.

As mentioned previously, an elite group of county workers participated in writing the RFP and evaluating proposals from private vendors. As soon as the selected proposal was finalized, system design commenced, and the project team put in 24-hour days developing code, testing it, identifying bugs, and so on.

Seven months after the design process started, the eligibility system launched. Plouck noted that he had spent many years working in the private sector, managing various large-scale initiatives, including many IT projects. "I've seen some of the best there is," he told Summit participants, "but I don't think I've ever seen anything like this."

For its initial launch, the system focused on a few core services, allowing OHT to incorporate additional services later piece by piece. One of the first core efforts was Medicaid expansion. Plouck said that despite strong political resistance, Governor Kasich managed to garner support for expansion from his own party. Two months after gaining legislative authority, Ohio finished incorporating Medicaid expansion into the eligibility system. The state now processes 1.5 million applications, 60% of which are initiated by citizens using the self-service portal. Plouck said their next objectives for the system include the addition of WIC and child care, and planning is underway.

To implement this eligibility system at the county level, Ohio began applying the shared-services model they had successfully piloted at Job & Family Services. The state now possessed an infrastructure they could offer to counties—a toolkit that included document management, telecommunication capabilities, and of course the new eligibility system. Counties that wished to implement this infrastructure would be responsible for strategically organizing themselves into clusters that could operate effectively as a single agency. Plouck said: "We're not going to tell you how to do it, because Ohio has three major cities, some metropolitan areas, a bunch of rural areas—and obviously what works in one area won't work in another."

Plouck said they now have a group of 23 counties that are planning to operate as one using the new system. The group will begin by launching a pilot implementation that includes 9 counties, eventually building out to the full 23. There are also 7 counties in the Appalachia area of Ohio who wish to adopt the system.

## Outcomes for Ohio

The integrated eligibility system and expansion of county shared services represent only a small portion of Ohio's transformation plan. But the combination of these two initiatives alone has already produced several favorable outcomes. As mentioned above, Ohio now processes 1.5 million Medicaid applications, 60% of which come through the self-service portal. Additionally, the state has integrated Medicaid and Medicare benefits, lowering the growth curve of Medicaid without drastic service reduction. Ohio also qualifies for enhanced federal funding, the result of moving enough clients from institutional to community care to achieve a 50/50 spending ratio—a target they achieved a full year before the federal deadline.

The ultimate goal, however, remains moving families toward self-sufficiency. Over the next few years, as the OHT transformation plan continues unfolding, Ohio will build the capacity to track economic and health outcomes.

The early signs are certainly encouraging. Plouck described one particularly uplifting success involving veteran services. “We were trying to get veterans out of nursing homes and into VA care—better care, better services, and cheaper for the state.” So OHT began incorporating veteran services into the eligibility system, including the addition of five simple questions to the self-service portal for citizens who identified as veterans.

Plouck said once the system launched, it soon became clear that many eligible veterans didn’t even know they qualified for care. “So we turned this system on, and within 20 minutes we found our first veteran. And within 10 hours, he had services that he didn’t have before. Pretty amazing, right?” Thanks largely to the Operating Protocol, the entire incorporation process, from concept to launch, took less than two months.

The new eligibility system now identifies 500 veterans a month, 74% of whom are eligible for services they were not previously receiving. Plouck said that by getting so many veterans out of nursing homes and into VA institutions, Ohio generated millions of dollars in savings annualized for Medicaid. But most importantly: “We can get nearly 4,000 veterans free healthcare.”

**To learn more about this case session and watch the video, please go to URL**

**<http://lnw.io/human2015ohio>**

## **Leadership Insights from Ohio**

- Empower a small, nimble team to guide policy and leverage resources across agencies.
- Recruit the best talent from stakeholder agencies and partners to help design new systems.
- Amend divisive legislation with simple language to facilitate integration.
- Focus your plan, at the highest level, on pilots already proven and scalable—let individual agencies, or a dedicated leadership team, focus on piloting new programs.
- Employ a tested and flexible shared-services model when implementing new infrastructure on the frontlines of service-delivery (e.g. at the county-level).



## RESEARCH SESSION: Evidence-Based Design and Data Partnerships

This session featured Kathryn Stack, Advisor for Evidence-Based Innovation at the White House Office of Management and Budget (OMB), who discussed new evidence-based strategies that are changing how the government will design programs and measure outcomes. Carolyn Colvin, Acting Commissioner of the U.S. Social Security Administration (SSA), discussed approaches to meeting challenges around developing data exchange partnerships.

Stack described various sets of tools and techniques that OMB is pushing in order to help agencies improve program performance:

- 1) *Evidence-based program designs* – These include pay-for-success financing, tiered-evidence programs (funding proof-of-concept, then scaling up), and partnership pilots in which state and local sites blend funds and receive waivers.
- 2) *Low-cost evaluations* – Projects offsetting the high cost of generating rigorous data include initiatives to link and leverage existing datasets, and contests awarding the best, low-cost (under \$300,000) randomized controlled trial.
- 3) *Harnessing highest quality data* – Strategies include assessing quality of data collected by programs, identifying authoritative data from other programs or third parties, and strengthening data infrastructure.

Stack emphasized that these evidence-based strategies are all cross-cutting and depend on leveraging partnerships across agencies and levels of government as well as between government and its academic, nonprofit and private partners.

Colvin also emphasized the benefits in developing partnerships around data, and described some of the ways that the SSA—one of the largest clearinghouses for government data—is meeting the challenges surrounding the formation of such partnerships.

One of the foremost challenges for the SSA in sharing data is ensuring the security of that data and, consequently, managing all the data exchange agreements. Colvin said: “Right now, we have 3,000 data exchange agreements. That’s a lot of work. It takes a long time to negotiate those agreements.” Colvin added (addressing those Summit participants who headed state and local agencies) that she was actively seeking their ideas for streamlining the 400-plus data exchange agreements SSA has with state and local governments.

To manage existing agreements and seek new partnership opportunities, the SSA has created the Office of Data Exchange to serve as the central point of contact for SSA partners. The Agency has also introduced a structured business process to evaluate data requests according to legal authority and restrictions, technological feasibility, cost, policy alignment, operations impact, and privacy and security risks.

The Agency is also modernizing their data exchange technology, having recently launched an initiative that will integrate 22 distinct systems. Finally, they have formed a community of practice around data exchange, comprised of 17 federal agencies who convene to share and examine best practices. “We felt we really needed to treat data as a strategic asset,” Colvin said.



“All of this was a bit like changing the wiring in the house while the lights were still on. But that’s all we could do.”

- Niamh O'Donoghue  
Secretary General  
Ireland's Department of Social Protection

## CASE IN POINT: Transforming Systems and Services

### Ireland

Streamlining operations is a universal imperative in the health and human services industry, but myriad possibilities exist for how to tackle it. Deciding on the best approach demands a keen understanding of the convergence dynamics that shape the operating environment. At the national level, and in the midst of economic crisis, convergence becomes even more complex. Such was the state of affairs in Ireland beginning in 2008.

To streamline services amid recession, Ireland developed a strategy of consolidation, bringing several service agencies together under a single roof. But like any worthwhile transformation, consolidation presented a unique set of challenges.

In this session Niamh O'Donoghue, Secretary General of Ireland's Department of Social Protection (DSP), described how the recession prompted a transformation imperative for social services while simultaneously creating new barriers to such a transformation. She revealed how the DSP consolidation plan helped meet these challenges, allowing the department to provide a single point of contact for all employment and income supports.

This case contains practical examples of executive action (summarized at the end of this section in *Leadership Insights*), that serve as useful tools for any transformation leader. These include:

- Consolidate service agencies to build capacity and leverage limited resources.
- Create a plan and platform that engage both jobseekers and employers.
- Develop comprehensive client assessments; tailor and prioritize services according to needs.

### Recession and DSP

Prior to 2008, Ireland was the poster child for economic health and prosperity in Europe, enjoying enviable employment rates and two decades of steady—sometimes exceptional—economic growth. Financial experts had even started referring to Ireland as the “Celtic Tiger.”

But in late 2007 Ireland began to feel the effects of a global financial crisis, and by the following year had become one of the most severely affected countries in Europe. From 2007-2011, Ireland's unemployed tripled to 328,000 citizens, coinciding with a surge in the number of citizens needing income support and a host of other services. In 2010 Ireland sought financial intervention from the international “Troika” of the European Commission, the European Central Bank and the International Monetary Fund.

Unlike the U.S., Ireland has no state governments, and local governments are limited in function. Public-sector health and human services are exclusively the purview of the centralized Government of Ireland. Historically, the core function of Ireland's DSP has been income support, including support for children and families, for people out of work or earning a low income, for citizens with illness or disabilities, and for state pensions that citizens receive at the end of their working lives. The department was also responsible

for registering major life events (e.g. birth, marriage, etc.) and providing citizens with verified public service identification numbers for the purposes of establishing eligibility and access to services.

Before 2010, the department operated ten centralized offices, about 60 local offices, and employed nearly 4,000 staff, dedicated primarily to processing claims (2 million per year) and making payments (€80 million per year). When the recession hit, the department accounted for roughly 40% of government expenditure, or about 20 billion Euro annually. “A very significant amount of money in a very, very difficult period,” O’Donoghue said. When the financial crisis hit, droves of new customers began to show up at DSP offices, most of whom, O’Donoghue pointed out, “never ever expected to actually be looking for state support or unemployment payments.”



## Convergence and the Transformation Imperative

The financial crisis created intense pressure for public service reform—pressure shaped by a disillusioned public, the demands and expectations of Ireland’s elected officials, and those international organizations with a financial stake. The transformation imperative was clear, but the path was not. A multitude of convergence dynamics, inside and outside of Ireland’s human service agencies, made developing a plan for transformation a daunting and delicate enterprise.

First and foremost were the citizens themselves. Angered and bruised by economic collapse, increasing numbers were finding their way into DSP offices, many for their very first time. Moreover, the sentiment toward public services grew increasingly negative, due in part to the amount of public money spent in keeping the nation’s banks afloat. To engage an unhappy public effectively, the new DSP would have to quickly gain citizens’ trust.

The DSP transformation would also coincide with a momentous political shift. Amid the financial crisis, support for Ireland’s ruling party crumbled, and a general election in 2011 replaced them with a new coalition. While the previous government had already made several decisions around realigning public services, and in particular aligning job training with a consolidated approach to income support, the new government co-opted this reform agenda, folding in additional services that seemed to mesh well with the core DSP functions.

The financial assistance from the Troika organizations brought with it external pressure to reform (as well as firm ideas for how Ireland should go about it), which could potentially prove more troublesome than helpful. “That’s a hugely difficult thing for a sovereign country to face. All of these external people come in and start telling you how to do your business and what you need to be prioritizing and focusing on,” O’Donoghue said.

Transforming service delivery also meant transforming the workforce. Here, too, several dynamics had to be considered. Civil servants were already under tremendous strain, having received significant pay cuts while being required to work longer hours. Public service organizations also could not replace change-resistant employees with the same freedom that private companies could, and any significant changes to workforce conditions would have to meet with some degree of union input and approval. Finally, DSP would be transforming the workforce in the midst of a strict moratorium on recruitment—no new hires into the public service. To win hearts and minds, DSP leaders would need to construct an elaborate plan for workforce engagement, one that hinged upon a shared and promising vision for change.

And of course, the transformation plan would have to be implemented quickly, without any interruption in service. O’Donoghue said: “All of this was a bit like changing the wiring in the house while the lights were still on. But that’s all we can do.”

## A Vision for Realignment

The government of Ireland recognized that DSP had particular strengths that made it a promising foundation for public service realignment. The department had a rich history of organizational change, for instance. And it also possessed a variety of channels for customer service delivery, channels that could be leveraged to deliver not just income support, but also support for employment, housing, and other services geared towards empowering citizens.

DSP became the anchor in a consolidation plan designed to streamline public services and build capacity, at a time of limited resources, with the ultimate goal of helping clients move toward independence from government support—a goal which aligned with a new policy document that mandated a focus on getting citizens back to work rather than sustaining them in unemployment. The core of the DSP plan included developing the workforce, engaging potential employers, and creating a single point of access for services.

## Consolidating the Workforce

Consolidating the workforce would include developing a comprehensive human resources strategy, teaching new technology platforms, developing new team models, and training employees to work across two or more service streams. But without shared ownership, any realignment plan was doomed to fail. “If people don’t understand the problem, they’re not going to understand why you’re imposing a solution on them,” O’Donoghue said. Moreover, it was the frontline staffers who knew the business best and understood what was needed to deliver services, and so leaders would depend on them to “put the flesh” on the visions and frameworks they developed.

In order to build a new organization that respected the traditions and experiences that staffers brought with them from various departments, DSP formed change management teams. O’Donoghue accompanied these teams as they held ‘town hall’ meetings with staff around the country. They shared their vision for change, listened to staffers’ concerns and ideas, and stressed their intention to maintain constant, open communication throughout the transition. Keeping staff in the loop was paramount, O’Donoghue said, even if the news wasn’t good. Reinforcing common culture and values to underpin the new organization was considered as important as building from the structures and processes of the previous business areas.

The department created a comprehensive learning and development strategy to provide staff with appropriate training. DSP envisioned that staffers’ new skills and abilities, besides increasing their functional versatility, would build staffers’ professional confidence and enhance sense of ownership over the change process.

DSP also instituted an engagement and innovation program to empower local offices to participate in building the new organization. The program brought together local managers, unions, and staff to identify challenges, establish priorities, and innovate solutions within their area. It’s noteworthy that this program was based on a model of social partnership that had been previously discredited, but which DSP leaders considered fundamentally sound and still worthwhile. The department was able to revive the model, this time with more staff buy-in and a few other changes.



## Engaging Employers

To create pathways to employment for clients, DSP had to understand employers’ needs and how best to meet them. Essentially, their goal would be to offer a competitive matching service, along with a range of new incentives and supports, in order to ensure that employers would consider filling positions through DSP before going to a recruitment agency.

The DSP formed a labor market council comprised of Ireland’s largest employers to serve as a forum to discuss employer needs. They also conducted workshops, road shows and town hall meetings to promote the new vision for public service and associated services for employers, as well as to solicit their input.

O’Donoghue described one new incentive program involving simplified, in-work payments (as opposed to tax credits). For instance, if an employer hired someone who had been unemployed for two years or more, that employer received a subsidy—a cash grant payable on a monthly basis for the first two years of that person’s employment.

## A “One-Stop Shop” for Job-Seekers and Employers

As the DSP positioned itself to deliver better-integrated services, they also developed a platform for customers to access these services. This platform, called INTREO, offers a single point of access to those clients seeking income and employment support, as well as to those employers interested in hiring through DSP and learning about the supports and benefits available to them. The department installed dozens of INTREO centers around the country, providing clients with self-service facilities as well as access to trained staffers.

A client seeking income support or a related service is first assessed—the platform collects data in areas such as previous employment history, education, mobility and family status, as well as job market and other conditions in the areas where the customer lives and works. Based on this assessment, the system generates a cluster of supports and services tailored to the customer’s needs.

The assessment also generates a score to help staffers determine the severity and urgency of a case. Customers requiring high levels of support may receive intensive case management and, if necessary, priority status in service delivery. Incidentally, this represented a cultural shift for the department, moving away from the notion of giving every customer equal attention regardless of need, and away from the tendency to process cases chronologically.



The customer is also issued a biometric, public services card to serve as a simple and secure method of identity verification when accessing public services.

## The Transformed Organization and Early Outcomes

Since 2012, when Ireland launched its plan of consolidation and transformation, the physical infrastructure, as well as the customer and staff experiences, have changed dramatically. The reorganization involved moving numerous functions between government Departments. The most significant of those involved the integration of functions from three agencies – the Department of Social Protection, the Health Service Executive, and FAS (the State Training Agency) – into the new ‘one-stop’ service, INTREO<sup>2</sup>, discussed above.

The number of staffers now managed under DSP has doubled to 7,000. They comprise a workforce that possesses rich and varied professional experiences along with extensive new training.

DSP still delivers its core service of income support for citizens, but now also offers a range of employment support services, including social and community work opportunities, referral to skills training programs, self-employment training, education grants, internship programs, and supported employment for people with disabilities.

By promoting new incentives and supports for employers, DSP has forged strong alliances with businesses all over the country. Recently, the department won a commitment from fifty of Ireland’s largest employers: For at least 50% of their open positions, these companies would consider hiring citizens (identified via the INTREO “Jobmatch” service) who currently received DSP support.

In this same time period, DSP has issued over one million public service cards that provide greater efficiency and security when establishing identity for the purpose of accessing public services. In addition, the Department has developed a valuable repository of information and data, which can be shared securely with other government organizations for the purpose of service provision.

Finally, the new structure, capacity and culture of DSP embraces change in a way that is sustainable and flexible, allowing additional service streams to be folded in when appropriate. The department recently took over a property tax-deduction service, for example, which aligned well with their expertise in transaction processing.

Plans are already being developed for the next area of focus for the Department: bringing an integrated holistic approach to the activation and income support of clients with disabilities.

**To learn more about this case session and watch the video, please go to URL**

**<http://Inw.io/human2015ireland>**

2.The Programme for Government (2011) originally referred to this integrated service as the National Employment and Entitlements Service (NEES). The ‘INTREO’ brand was later adopted and implemented.

## Leadership Insights from Ireland

- Assess the convergence dynamics shaping the operating environment in order to identify the best streamlining approach.
- Consolidate service agencies to build capacity despite limited resources.
- Train and support frontline staffers so they can function across streams.
- Create a platform that engages both employers and job-seekers.
- Develop comprehensive client assessments; tailor and prioritize services according to needs.
- Build trust and restore faith (especially during hard times) with staff, employers, and the public through shared ownership of the vision for change.

“The Value Curve is like a new muscle,” he said, “and it takes time. You’ve got to exercise it. You just can’t push it on your organization or your leadership.”

- Kelly Harder  
Director of Community Services  
Dakota County, Minnesota



## CASE IN POINT: Translating the Value Curve into a Vision and Plan

### Dakota County, MN

The Human Services Value Curve establishes a framework for leaders to improve outcomes and value. But every leader must tailor the Value Curve and related strategies to their unique operating environment. And understanding the convergence dynamics of that environment is, of course, vital to successful adoption.

Leaders in Dakota County, Minnesota, recognizing the Value Curve’s potential, embarked on a journey of visioning and strategic planning. The resulting transformation integrated services provided by the county with those provided by partnering nonprofits—like 360 Communities—to create a circle of programs and services that promotes community-wide self-sufficiency.

In this session, Kelly Harder, Dakota County’s Director of Community Services, detailed how the county tailored the Value Curve to fit their needs and the pragmatic steps they took to incorporate that model into their transformation strategy. Sal Mondelli, President and CEO of 360 Communities, went on to explain how the county collaborated with service-delivery partners, like 360 Communities, to expand and further integrate this comprehensive strategy.

This case contains practical examples of executive action (summarized at the end of this section in *Leadership Insights*) that serve as useful tools for any transformation leader. These include:

- Identify translatable needs and goals to align stakeholders.
- Craft a transformation vision that is highly visible and easily understood.
- Manage performance for sustainable transformation.



**Sal Mondelli**  
President and CEO of  
360 Communities

### Convergence and the Operating Environment

Dakota County’s journey toward transformation in human services began with a desire to formulate an entirely new vision focused on moving more families out of generational poverty and towards self-sufficiency. The county’s population of nearly 400,000 is mostly suburban and generally well-to-do, but 4.6% of families live below the poverty line.

The Community Services division consists of 815 full time employees and includes Social Services, Public Health, Corrections, Employment and Economic Assistance, and Veterans. Harder noted that, at the outset, the various departments in Community Services reported on budget and outputs, but were unable to report on outcomes. Some leaders within the division had lost confidence that they were having an impact, despite all their hard work.

The first step in the new plan was to align the County Board, department heads, and staff around goals that addressed the county’s most pressing wellness needs and long-term objectives. Harder provided one example from this alignment phase, in which the division leadership noted that “Thriving People” was one of the key goals set by the County Board. Harder was confident the Board’s goal aligned with the developing vision at Community Services. “We have translated what we see as ‘improving self-sufficiency’... into ‘thriving people.’ It *translates*.”

Harder also sat down individually with each new hire to describe the new direction the organization was going. Leaders in the division worked with staff to clarify roles and desired outcomes, to determine how to track those outcomes, and to understand their impact. The division takes special care in determining the best tracking methods to incorporate into their analytic models.

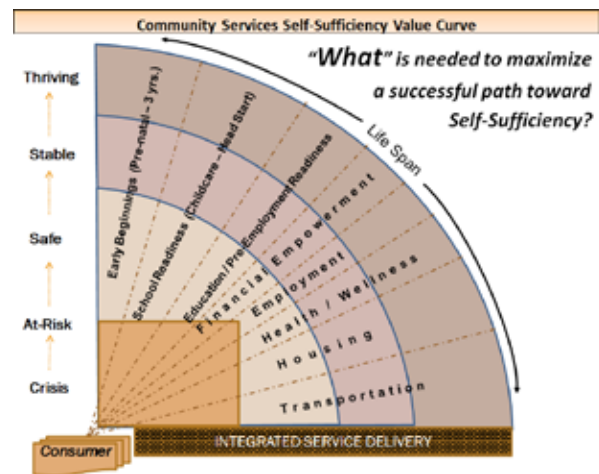
## Adapting the Human Services Value Curve

After aligning the efforts of the division and the county to the new vision, they adapted the Human Services Value Curve into a highly visible, easily understood framework for integrated service delivery. Each business model in the Value Curve (Regulative, Collaborative, Integrative, and Generative) reflected, for their division, an increasing capacity to move their clients toward self-sufficiency—i.e. toward “thriving”—as opposed to serving clients only as long as they were at-risk or in crisis.

Division leaders also decided their Value Curve must represent the change in clients’ needs as they age. They would develop a course of action for clients by first understanding clients’ needs and then identifying services to address those needs, thereby increasing the likelihood that they would treat root causes, not symptoms.

This self-sufficiency Value Curve became a fixture at every town hall meeting, every staff meeting, and every discussion involving human services in the county. “Every one of my department heads, deputies, and supervisors, has this visual hanging up in their office,” Harder said.

An early success for the Self-Sufficiency Value Curve came at a budget meeting. Harder spoke to his administrator for 45 minutes about their strategy and operational model, represented by the Value Curve, before addressing any budget needs. Harder grinned when he asked Summit participants, “Do you know how easy my budget conversation went?” He added that they’ve had increases and growth every year since, all because they established a business need for investing money tied to outcomes and accountability to achieve county goals.



## From Value Curve to Strategic Plan

The division now possessed a model that every member of the division could look to and understand. The next step was using that model to form a detailed, strategic plan. For every service domain represented on the Value Curve, they needed a sophisticated work plan. What did “thriving” mean in each of these domains? What strategies and tactics did they need to implement to achieve it? How could they partner to best meet their needs? And what money did they need in their budget to help them get there?

Harder met with his management team to engage them all in developing the definitions, strategies, and tactics. “We had white papers all over the room,” Harder said. They analyzed the information for themes and voted on the various elements of the organizational strategy. Harder also consulted his supervisors, several of whom had worked in the division for over twenty years but had never been asked to contribute to the division’s strategic plan or budget.

A key goal of service-integration would now be to open as many doors as possible and ensure clients had access to services that addressed root causes. Harder cited an example involving financial staffers operating at the county jail. Harder said: “We were the only county who had an Affordable Care Act (ACA) Outreach Grant. We’re running all over trying to find our under- and un-insured at the libraries, we’re looking under stones at the parks.” Then, at a senior management meeting, Harder asked the County Sherriff whether arrestees were asked at booking if they were insured. The Sherriff pulled out his tablet, did a quick search, and told Harder that, yes, 50% of arrestees reported they had no insurance. Harder was stunned—there were more uninsured entering jail than he had in his financial intake office. “Those are our customers,” Harder said. The Sherriff worked with him to install a financial worker at the jail.

## Performance Management and Accountability

In order to keep implementation on track, leaders for each service domain agreed to draw up a list of deliverables every three months. They also updated their work plan monthly, regardless of whether or not they were making progress.

To sustain a culture of transformation among leadership, the division also changed its pay-for-performance model to recognize a broader range of achievements, again using the Value Curve as a guide. Rather than simply meeting expectations (Regulative) to earn a 3 percent cost-of-living increase, executives and managers could now refer to a detailed performance-management matrix to determine how they could exceed expectations (Collaborative), greatly exceed them (Integrative), or even perform exceptionally (Generative), and be compensated accordingly.

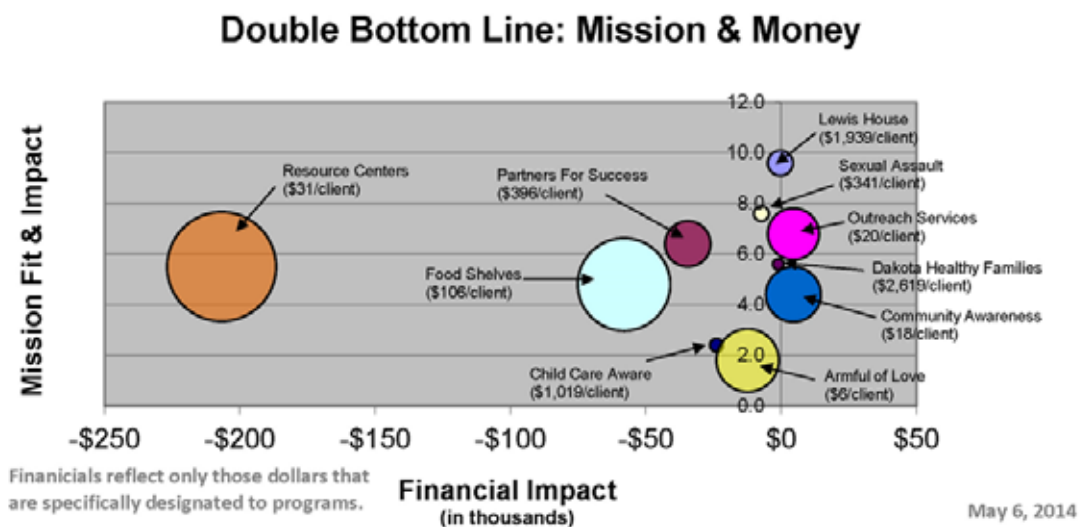
## Alignment with Nonprofits and other Partners

When Harder first came to Dakota County, nonprofits rarely sat at one table together, and would even try to find ways to capture each other's market. He added: "I continue to say there's more than enough work for all of us. We don't need to fight about it."

Harder asked to meet with the nonprofits so he could introduce them to the Value Curve framework that was effectively guiding transformation within the division. He asked the nonprofits to identify where, within the Value Curve, their organizations fell in relation to the service domains. This exercise yielded an immediate benefit: creating an asset map that helped nonprofit leaders to identify gaps and redundancies. "We were just going to build a program that did that," one of them had said.

During his Summit presentation, Harder gave the floor to Sal Mondelli, who offered a perspective from one of the county's nonprofit partners. Mondelli heads 360 Communities, an organization that engages communities to prevent violence, ensure school success, and promote long-term self-sufficiency. Operations consist of integrated "impact areas" that support over 17,000 individuals each year, employing 1,100 volunteers and 70 staff. They provide services in over 40 locations, including a network of 5 food pantries, 2 resource centers, 2 domestic violence shelters, and 3 programs supporting school success.

When Harder began meeting with service-delivery partners, it was apparent that Dakota County and 360 Communities shared similar visions for human service delivery. 360 Communities' vision statement, for instance, calls for building "stable and thriving families." Mondelli's team had also developed a "Double Bottom Line" matrix, providing a framework that plots Mission Fit & and Impact against Financial Impact.



Mondelli described the first time he showed the Double Bottom Line to Kelly Harder, who practically leapt out of his chair. "You're speaking my language!" Harder said. 360 Communities was even measuring success according to a "Self-Sufficiency Matrix" they had developed on their own.

There was an explanation for this happy overlap—360 Communities had been undergoing a transformation of its own, catalyzed by Mondelli's arrival at the helm two years prior. This journey toward ever-increasing integration positioned 360 Communities to emerge as the leader in collaboration between nonprofits and the county. Harder said: "It's because of Sal and his leadership that we and the executive directors of the nonprofits, faith-based organizations, and others meet every couple of months."

## A Culture of Transformation

In using the Value Curve to guide organizational transformation, Harder emphasized the importance of both persistence and patience: “The Value Curve is like a new muscle, and it takes time. You’ve got to exercise it. You just can’t push it on your organization or your leadership.”

Harder offered one final example of the transformation culture at work, opening new doors for service delivery. Once per month, roughly 300 low-level offenders on parole would gather into an auditorium for a regular meeting with their parole officer (PO), a process that had already proven more efficient than conducting parole meetings piecemeal over the course of the month. Parolees would arrive, check-in, and then wait in their chairs (often for a few hours) for their turn to meet with the PO. One day, Harder noted that these people were not mere parolees, but customers who potentially required other services, and that the monthly auditorium meetings contained hundreds of them, under the same roof and with many hours of downtime. Harder asked his leadership team to accompany him to the next auditorium meeting. “What do you think?” he asked them.

Before long, and with no additional push from Harder, his team had installed staffers from virtually every service domain at the monthly parole meeting. At the Summit, Harder showed participants two photographs. The first showed a large meeting room, sparsely populated with a few PO’s and parolees, plus a lot of empty tables and chairs. The second photo showed the same room, arranged into a U-shaped series of workstations, with dozens of customers and staffers around them. Harder pointed to various stations in the photo, listing them off, “Here is chemical health, and mental health. Here’s veteran services and here’s housing, here’s workforce,” and so on. Not long after this change was implemented, a PO informed Harder that the number-one question parolees now asked at check-in concerned Medicaid eligibility for themselves or their kids.

“I’m proud of them,” Harder said of his team. “And, it’s *cultural!*” He reveled in the knowledge that he could simply “back away and get on to the next crazy idea,” trusting that his team would seize the opportunity and implement a successful plan for change.

**To learn more about this case session and watch the video, please go to URL**

**<http://lnw.io/human2015dakota>**

### Leadership Insights

- Create alignment across all levels (citizens, board, budget director, leadership team, staff and support) by identifying translatable goals and needs.
- Tailor performance frameworks, like the Human Services Value Curve, to create a unique vision and plan that align with the culture of your community.
- Obtain input and buy-in, again at all levels, for the plan – including role definitions, desired outcomes, and methods for tracking progress.
- Manage performance in a way that creates a culture of sustainable transformation.
- Create alignment with nonprofits and service delivery partners, focusing on “who” you serve.
- Be persistent and patient. Ensure your vision and plan are consistently visible and easily understood by your leadership, staff, and partners.



## RESEARCH SESSION: Poverty, Behavior and Executive Functioning

This session featured Associate Professor Stephanie Jones, from the Harvard Graduate School of Education, who presented some of the latest research in cognitive and behavioral science as it pertains to children and families living in poverty, and the implications of these findings for designing effective interventions.

Jones focused on executive functioning—the cognitive processes that coordinate and integrate broader processes of thought, memory, emotions, and motor movement. Jones explained that executive functions like working memory, response inhibition, and attention control are frequently targeted for child-related interventions. These functions are also integral to adult behaviors, since they underpin purposeful, goal-directed activities relevant to (for example) parenting, higher education, and workforce participation.

Jones presented findings from several studies demonstrating that both children and adults who experience toxic levels of stress, characteristic of families living in poverty, are more likely to experience difficulties with executive function and self-regulation.

***Executive function and self-regulatory skills are able to improve and change***, however, and are best learned via exposure, instruction, and practice.

One example of an intervention that incorporates these approaches is SECURE (Social, Emotional, and Cognitive Understanding and Regulation in education). SECURE is a school-based model that engages the child, family, teachers and school staff. Through a combination of training, supports, and workshops, SECURE deploys a set of core activities that *promote regulated everyday interaction*, activities which are flexibly implemented in various settings such as classrooms and hallways, at gym or lunch, and after school. SECURE activities are also easily modeled by adults.

SECURE activities focus on “noticing the moment and slowing down” before acting—e.g. learning to recognize and cope with the stress associated with transitioning between activities. By making self-regulatory skills concrete (pertaining to real-world situations) and explicit (recognizable as a skill in its own right), these activities enable children, and adults, to transfer the skills to different domains. Initially spanning pre-K through third grade, SECURE is now being expanded through fifth grade and is designed for eventual expansion into adulthood, thus treating poverty as a generational phenomenon.

Based on our knowledge of how executive functioning connects to poverty, Jones concluded, related interventions should be designed to include:

- Short, targeted activities (embedded within real-world situations)
- Multiple opportunities to practice skills
- Progression in demands and difficulty (within a supportive environment)
- Role models, mentors, and coaches



## LETTER: Insights from the APHSA Leadership Retreat

The American Public Human Services Association (APHSA) held its Leadership Retreat at Harvard on October 24, 2014, the Friday before the *2014 Human Services Summit*. This year's Retreat, which was open to state and local human service commissioners, focused on the many transitions facing our members and how they are maximizing leadership to both meet challenges and seize opportunities.

On many members' immediate radar, for instance, were fall gubernatorial elections that will impact the appointment of new human service commissioners. Changes more universal in nature (i.e. those affecting all human service agencies) were also of concern, and were the main subject of an intensive morning roundtable discussion.

APHSA members themselves are driving many of these changes, primarily through their vision for human services transformation. This vision, *Pathways*, calls for:

- An integrated, person-centric, and outcomes-focused system
- A system based on modern technology and customer interfaces
- A system that values innovation, learning, and accountability for meaningful and sustainable results

Many commissioners are still busy implementing the new information systems made possible by funding and cost-allocation opportunities provided by the Affordable Care Act. Many are also using APHSA's Health & Human Services Integration Maturity Model – which complements the Human Services Value Curve – to proactively realign their agencies and partners around achieving real “health” in the holistic sense. To move social welfare management beyond the crisis-driven model that frequently prevails, leaders are developing strong stakeholder relationships with other government sectors and community partners, including housing, programs on aging, efforts against human trafficking, etc.

Commissioners are using new robust tools to lead change and manage for impact, including new data-analytics approaches, multi-agency agreements to share data, innovative engagement with today's rapidly evolving workforce, alternative financing models, and the latest developments in brain science, behavioral economics, and communication frames.

The Retreat's featured lunch speaker, noted Washington futurist Anthony Scerbo, outlined yet another set of significant transitions, including changes in demographics, changes in how people see the role of government, shifting attitudes toward such issues as public spending and data privacy, and the evolving presence of technology in our lives. Scerbo told the group that the “future is here, now, but it's happening unevenly.” He and a panel of reflectors then observed how these shifts away from things “we thought we knew” are affecting human services, and how wise leaders can plan ahead for these changes rather than being overtaken by them.

The day was capped by a dynamic discussion with a panel of federal officials led by Kathryn Stack of the White House Office



of Management & Budget, who is responsible for supporting innovations through solid evidence of impacts and results. Other speakers included Mark Greenberg of the Administration for Children and Families, and Kevin Concannon of U.S. Department of Agriculture, who described a variety of initiatives and changes they foresee for the Administration in 2015 and 2016.

We invite comments and questions about any of APHSA's activities and initiatives; please contact Tracy Wareing at (202) 682-0100 ext. 231 or [tracy.wareing@aphsa.org](mailto:tracy.wareing@aphsa.org), or Larry Goolsby at (202) 682-0100 ext. 239 or [larry.goolsby@aphsa.org](mailto:larry.goolsby@aphsa.org).

<http://www.aphsa.org/content/APHSA/en/pathways.html>

**As submitted by the American Public Human Services Association**







## Summary and Implications

What is a human services leader like you to do in the midst of convergence? Where do you see convergence happening in your world? What are you doing to prepare?

First, recognize that you're not alone. Participants at the *2014 Human Services Summit* shared an array of convergence-related challenges affecting their environments—environments in which they continue to seek new opportunities for transforming their organizations. Their contributions at the Summit helped reaffirm and refine several vital considerations for any leader in human services.

From a strategic view, convergence can be a source of either potential peril or promise. If leaders don't develop a constructive response to convergence, the likely result will be a decline in outcomes, public value, and government legitimacy. But if leaders across government sectors can harness convergence—guided by a bold vision and comprehensive strategy—transformative solutions can, and do, appear.

From a tactical view, convergence will likely change your organizational mission, your operating model, and your outcome and impact goals. Convergence will also change the demands and expectations of not only your stakeholders, but especially your clients—including what services they want and need, how they connect with and consume those services, and how they will measure your success.

From a readiness view, be prepared to work on multiple fronts. Not only will you have to respond to the policy, system, and organizational changes driven by convergence, you'll also have to help people in your organization adapt to new roles, gain new competencies, and embrace new responsibilities. Essentially, you'll be moving your organization, workforce, and stakeholders through a major change in purpose and identity.

Fortunately, you needn't start from scratch. The Summit showcased tools and strategic models that show early signs of success, and which hold great potential for responding to a variety of convergence environments. In Ohio, we have seen how a small and nimble leadership team can leverage resources across agencies to modernize Medicaid and improve health system performance. In Ireland, we have seen transformation in the midst of a national recession, by way of consolidation and the creation of citizen-centric programs. In Dakota County, Minnesota, we have seen how the Human Services Value Curve was incorporated and adapted into a vision of integration that aligned goals within the community and enabled a circle of programs that promote self-sufficiency.

We have also seen new evidence-based strategies that are changing how we design programs and measure outcomes, and new models for behavioral intervention based on the latest research on poverty and cognitive functioning.

We eagerly anticipate next year's Summit. No doubt the landscape of human services will look very different by then, presenting its own unique set of challenges and opportunities. In the meantime, we wish you luck, inspiration, and fortitude as you lead your organization into the future. It's coming fast.



## Acknowledgments & Credits

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