Re-engineering America's Social Safety Net: The Person-Centric Initiative

America's social safety net is flawed in its construction. It needs fundamental re-engineering to support each individual in reaching self-defined life goals.

By Cindy Wright, Thomas Wright Partners

AMERICA'S SOCIAL SAFETY NET IS A COMPLEX network of programs, benefits, goods and services that address almost every aspect of human need. Health care, nutritional assistance, cash assistance, housing, and childcare are just a few of the categories of programs and initiatives meant to serve the poor and near-poor. The federal government funds these programs in excess of $750 billion dollars per year. When state and local governments and private philanthropy are added to the mix, Americans expend more than $1 trillion dollars annually—not including volunteer hours—to address the health and welfare of physically, socially and economically challenged members of society. Given such vast expenditures and countless programs, why do so many poor outcomes result from the human services system?

A bold and innovative initiative underway in the District of Columbia, is attempting not only to answer that question but to correct the problem.

Under the leadership of Mayor Adrian M. Fenty and Director of Human Services Clarence H. Carter, the District has embarked on a groundbreaking initiative to fundamentally re-engineer the social safety net.

The project is the brain child of Carter, who has served in the administrations of a president, two governors and now Mayor Fenty. Carter's more than 17 years of experience in the human services system has led him to conclude that the safety net, while well-intended, is flawed in its basic construction. He believes a fundamental re-engineering would produce dramatically better outcomes for America.

Flaws in the System

Three principal design flaws in the safety net perversely reinforce each other.

- **Siloed programs**—The development of individual programs, or silos, under separate authority and with different objectives and administrative infrastructures, undermines efforts to take a collective approach to the consumer's well-being.

- **Narrow focus on program administration**—The emphasis of the system is the administration of benefits, programs, goods or services, not enhancing the human condition.

- **Self-perpetuation**—Since the administration's focus is on programs and not human well-being, the people receiving services seldom escape the safety net once in it. This problem stems not from open-ended entitlement but from a system that does not attempt to grow the person to self-sufficiency.

Focus on the Individual

The basis of the District's initiative is simple; change the system to remedy these three design flaws. Instead of fragmented programs, the new approach will offer comprehensive, integrated services. Instead of focusing on delivering units of service, the new approach will aim to improve the well-being of the individual or family served. Instead of maintaining individuals and families in a state of perpetual need, the new approach will help them grow toward independence and self-reliance.

The idea is to understand, in a comprehensive way, the presenting needs of an individual and to build a plan in conjunction with that individual to remediate the need, connect the person to a range of services, and measure success based on achieving a set of life goals specific to the individual.

Barriers and Solutions

The D.C. effort must overcome a number of significant hurdles to put this new approach in place.

The current system is a disparate confederation of single purpose interventions, each with its own delivery structure, and operated across many different agencies of government.

A most significant hurdle to overcome is knitting together the benefits, programs, goods and services into a truly comprehensive set of tools designed to enhance human well-being, while respecting the autonomy of separate governmental agencies and giving citizens' choices.

Technology provides a key answer. Through the development of services-oriented architecture and middleware, disparate technological infrastructures can be joined to find the consumer amongst the maze of agency programs. The District is attempting to weave together a common technological infrastructure for all of its health and human services agencies without having to rip out and replace its long-standing legacy systems.

To coordinate and deploy the technologies that will help the District integrate social services, Mayor Fenty established a technology investment review board. In a very unusual move, he invited health and human services agency executives, not their IT managers, to participate. And he empowered Carter to lead the effort [along with the District's CTO]. This step positions Carter to guide District technology investments to support the new initiative.

While technology provides a vital tool, the initiative will not work without two aspects of fundamental business process re-engineering.

• **Focus on the customer**—The business process must be re-engineered so the focus is on the well-being of the customer. The administration of the program becomes secondary to enhancing the human condition. No longer is the sole focus getting the benefit to the person, although this remains an important function. Success must be measured by an affirmative answer to question, "Did our intervention enhance the condition of the person we served?"

• **A team approach**—Disparate agencies must be linked into an inter-dependent, multi-disciplinary team focused on the well-being of its citizenry as opposed to autonomous entities providing an isolated set of services.

These are the essential operational building blocks and the focus of Carter's vision and the District's efforts. Further, success in the District could easily spread, signaling a dramatically different human services system in America's future.