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Improving Health, Human Services and Education Outcomes and Reducing Poverty

Care and benefits coordination: A connected HHS delivery system

By William O'Leary and Elisabeth Mason

HISTORICALLY, CONSUMERS have faced barriers in accessing services across disconnected health and human services agencies and providers. A lack of coordination has resulted in redundancies, inefficiencies and poor outcomes. Today, there is both the urgency and opportunity to realize consumer-centered, coordinated services delivery. The fiscal crisis, aging populations and calls for integrated health information, coupled with advancements in technology, support new models of coordinated care.

Innovations like cloud computing, ubiquitous Internet access and mobile devices are rapidly changing the caseworker's tool set. These advancements put the caseworker in the client's world of connected, Internet-enabled access to information and services.

While technology is an enabler, achieving improved outcomes, greater access to care and reduced costs are dependent on new and evolving service delivery models. These include partnerships among nonprofit health and human services organizations, education providers, foundations, and state and local governments.

One important model, highlighted in this report, is committed to reducing poverty and improving self-sufficiency by increasing community college retention rates. The specific strategy deployed leverages technology coupled with benefits and services coordination. The results have been impressive.

Nature of the Problem

Health and human services professionals and policy makers are focused on improving access to care, measuring performance and outcomes, and driving efficiencies in services delivery. They are concerned with the difficulties consumers encounter trying to navigate disconnected health, human services and education systems.

Parents who need benefits and services to supplement their wages to provide for their children must apply for multiple benefits with dizzying differences in eligibility rules at various locations across several government departments. Patients with chronic conditions have to negotiate different doctors and other care providers in many locations—sometimes missing medications and overusing emergency rooms and other high-cost care. Unemployed workers search for employment and training opportunities in systems such as Workforce Investment Boards, community colleges, and corporations that have differing institutional priorities and levels of access.

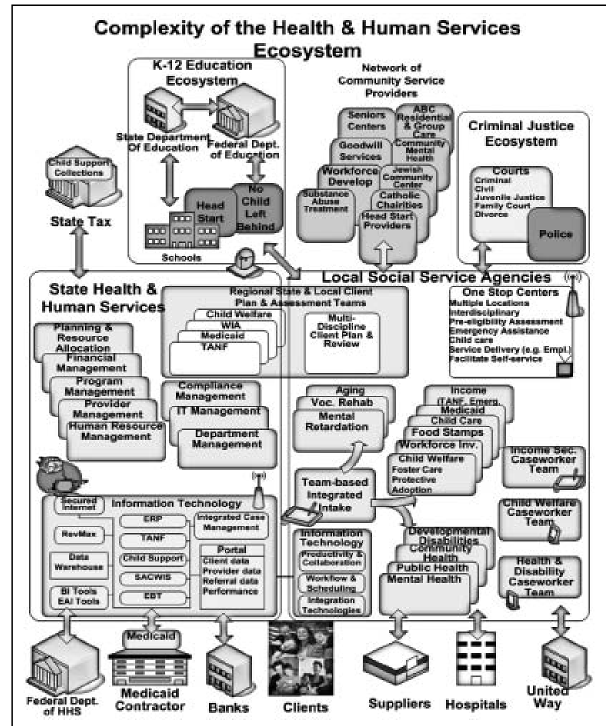
There are both human and fiscal costs associated with disconnected systems. Consumers access some programs and slip through the cracks of others. This fosters inefficiency, redundancy and poor outcomes. Those impacted directly include the parent who fails to receive essential services, the patient who overuses the emergency room because he's not managing his condition, the student who drops out of college because she cannot access the benefits for which she is eligible.

Historically, health and human services organizations were largely autonomous from one another. A number of factors influenced this, including federal categorical funding, state-enabling legislation that created distinct agencies, educational institutions and licensing organizations supporting separate career and professional development paths, and funding limitations or program design that discouraged benefit takeup.

In many instances, information technology itself impeded rather than enabled coordination. Before the advent of electronic files, the enormity of databases and the complexity of identifying users made data sharing prohibitively expensive and incredibly time-consuming. Even with the use of computers and electronic databases, many organizations and departments used their own software or coding processes.

Among state agencies, "transfer legacy" systems proved exceedingly costly. Importantly, multiple agencies shared common clients, but their IT systems could not communicate with one another.[1] Moreover, they took so long to build that they were effectively obsolete upon completion and required constant modifications.

It doesn't have to be that way. In the words of U.S. Chief Technology Officer Aneesh Chopra, "President Obama has challenged us with a bold vision to grow our economy through innovation and entrepreneurship."[2] "We're trying to set a culture of sharing and reusable solutions,"[3] Chopra has said. Today there is both the opportunity and the urgency to dramatically improve services and client outcomes, reduce costs and increase consumer access through advancements in technology coupled with services delivery innovation. Health and human services organizations are able to share data and coordinate practices as never before. We have entered a digital age, increasingly populated by digital natives adept at using collaboration and social networking tools. Ready access to the Internet



The vast array of HHS: *Connections needed*

and information are fundamentally transforming how consumers and caseworkers learn about, coordinate and access benefits and services.

A connected HHS technology framework demonstrates how interoperability and services can be deployed in the context of IT architecture.[4] Core infrastructure, with enterprise-level communications, collaboration and other services, provides the stable building blocks that facilitate an agile applications environment. A Connected HHS Services Hub enables interoperability across programs and systems through the deployment of Web services; it provides the data services used for business performance management tools, and a unified view of clients and resources across departments. The Shared Services layer provides extensible applications and loosely coupled Web services to be deployed across agencies targeting areas such as intake, pre-eligibility, referrals, benefits coordination, case coordina-

tion, and security and privacy services. The shared services enable a flexible and rapid mechanism to implement process, program or legislative changes.

The Agencies/Applications layer has added value in the connected HHS environment. Information that would have been stored away in legacy systems now can be accessed through the Connected Services Hub. New applications and functionality can be introduced through the Shared Services layer. Moreover, even within single departments, workers can derive more utility from their legacy system through increased data access and analytics or by implementing a new, simplified or Web-enabled user interface that uses the existing business logic and data in a legacy system. Workers are freed up to spend more time with clients by leveraging richer information and collaborating with others involved with their clients, anytime, anywhere, through a variety of tools including smartphones, PDAs and tablet PCs.

The Connected HHS Framework provides for all these capabilities, without the need for a massive new integrated system, by adhering to the tenets of services orientation, federated data, federated security and trustworthiness. Further, it provides the ability to make the important connections to community organizations and directly to the individuals and families receiving services.

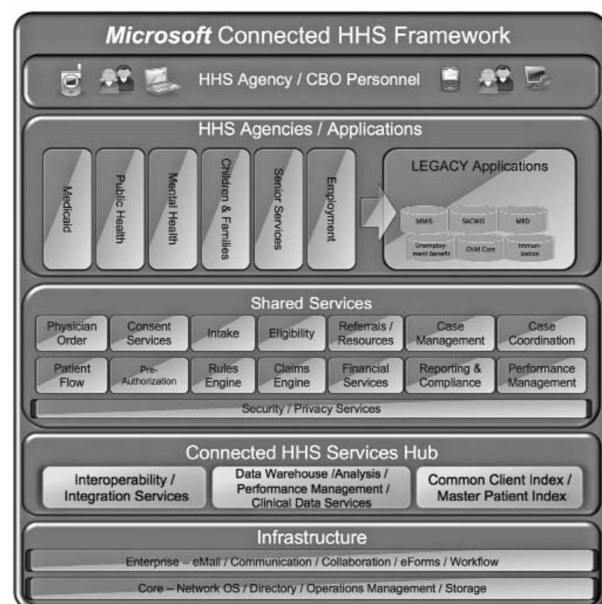
Medicaid Information Technology Architecture is an example of a connected services approach. MITA was created to improve the administration of Medicaid by adopting "a patient-centric view not constrained by organizational barriers." MITA allows for interoperability among healthcare agencies and organizations within states and across them. It allows for Web-based access, use of commercial software and integrated public health data.

Advancements in technology are occurring at a time of urgency that demands greater coordination of care. Governments, business, communities and families are reeling from the impacts of a deep recession, increasing costs of care and aging populations. They are concerned about America's competitiveness in the global economy. These factors are putting significant pressure on health, human services and education systems to break down organizational barriers and connect systems and services.

The result: emerging models of community care involving partnerships among nonprofit organizations, state and local governments, foundations, and primary and secondary education systems. Approaches range from school-based medical homes to benefits coordination services.

In each instance technology is an enabler but is only part of the solution. The human component—the caseworker or care provider—is indispensable in managing, coordinating and delivering care. Consumers have expanded access to information, but caseworkers leverage rapidly evolving technology to advise clients and help them navigate across services.

An example is Access Florida, which suggests that even a well-run, statewide technology platform requires support from several



In context: *Using IT to refocus on clients*

community partners to interface with clients. Florida's online applications of benefits have been successful at reducing cost and improving accuracy of food stamp applications. Access Florida relies heavily on a network of 1,500 community-based organizations across the state that provide application and other assistance.[5]

The following case study of Single Stop USA's Community College Initiative illustrates the benefit to a client of a technology-enabled, coordinated case management approach.

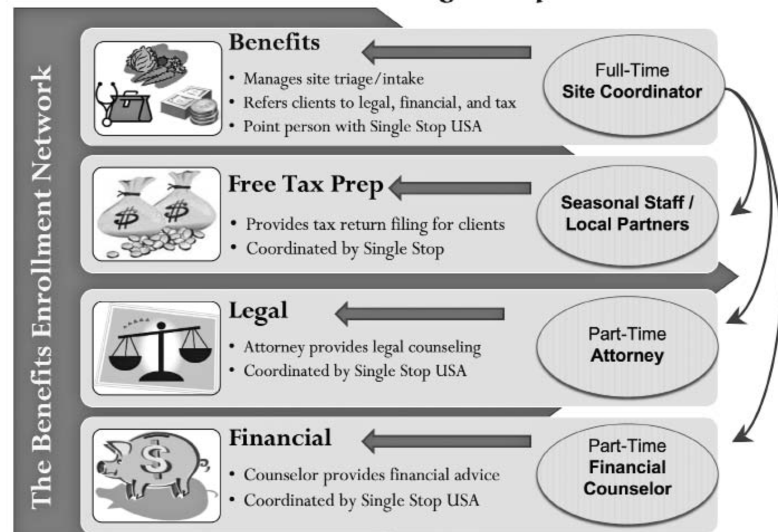
Case Study: Coordinating Services at Community Colleges

The path to educational attainment and economic success for America's most vulnerable students runs through community colleges. Community colleges can move people from poverty to self-sufficiency by making post-secondary education accessible to low-income, high-need populations. A community college degree provides the opportunity for many students to move from the lowest income percentiles to the middle class in one generation. At the same time, community colleges are the launchpad for our competitive future as a nation.

The problem, though, is keeping young men and women in school. Economic barriers and financial obstacles prevent most from graduating, and the dropout rate among students is overwhelmingly high. Nationwide, six years after starting at a two-year institution, 46 percent of students drop out without attaining a degree. Only 31 percent who set out to earn a degree actually complete it. The low retention and completion rates are not surprising, given the many obstacles students confront. We know that many community college students struggle with barriers such as inadequate childcare, housing issues and financial insecurity that make it exceedingly difficult to stay, let alone succeed, in school.

Research has shown that students who have access to additional financial resources, such as scholarships or emergency cash assistance, stay in school longer and are more likely to graduate. The impact can be life-altering. A person from a family in the bottom 20 percent of earners has an 85 percent chance of earning significantly more and a 62 percent chance of joining the middle class if he or she graduates from college. An associate's degree results in 15 percent higher annual earnings for men and 48 percent higher annual earnings for women compared with just a high school education. Even without graduation, simply staying longer in community college is proven to lead to higher earnings.

Health and human services programs and benefits are a powerful, effective tool for lifting families out of poverty, particularly when accessed in concert—and in conjunction—with



One-stop start: *Putting students on a path to success*

comprehensive social services, including legal counseling, financial advice and free tax preparation services. These benefits promote family stability and job security, increase disposable income and improve long-term educational and health prospects. Every dollar of food stamps translates to increased purchasing power for families. Children enrolled in health insurance programs are 80 percent less likely to have untreated medical needs. Access to health insurance has been shown to double a family's ability to save. Childcare subsidies give a parent time to look for a job. A $1,000 increase in family tax credits correlates with increased test scores for children.

Because these benefits and services also have the potential to help students stay in school and graduate, the Single Stop Community College Model of accessing and coordinating benefits constitutes a remarkably powerful intervention and works to alleviate poverty in two ways: in the short term, by providing students and their families with immediate access to critical benefits and services proven to alleviate poverty; and in the long term, by helping students stay in school through completion and thus increasing lifetime earnings and, ultimately, facilitating intergenerational change.

Single Stop's work is more accurate, more efficient and more effective because of its proprietary benefits-access technology, the Benefits Enrollment Network. BEN is a groundbreaking Web-based technology solution that simplifies, accelerates and streamlines the savings-assistance and benefits enrollment processes for low- and moderate-income students and families. Defined by an intuitive user interface, BEN is fully integrated with Microsoft Dynamics CRM, an enterprise-class, comprehensive case management system. BEN is a unique and adaptable software solution and has been used in a variety of contexts, including benefits screening, asset building, college aid guidance, corporate benefits bundling and low-cost life insurance screening: For Single Stop and its partners, BEN facilitates integration and coordination across multiple sites, programs and agencies, increasing the reach and impact of our work. At the same time, BEN facilitates engagement, cooperation and data exchange with government partners and presents a range of unique and scalable solutions with the potential to reach millions of people. With the highest level of automated efficiency, functionality and security, BEN bridges critical gaps in service delivery and enhances the capacity of its national network of users to serve clients more efficiently, accurately and effectively. It enables the critical community connection that is the "last mile" of human services delivery.

BEN is based on a platform that can be deployed on-site or in the cloud. Its cloud architecture is particularly well-suited for the rapid deployment and multilocation deployment that is prevalent in community settings—no need for servers or IT staff, an Internet connection is all that's required.

The BEN software is one of the leading benefits screening technologies in the country. It has been recognized by Microsoft as a "Showcase Application" (a designation awarded to just 20 organizations worldwide annually) and has been featured in numerous pilots with partners, including the Brookings Institution, Harvard University, the MIT Poverty Lab and the Cal Berkeley Food Stamp Research Project.

In 2007 BEN was the first technology platform to deliver a biometric, electronically signed Food Stamp application to a government agency and was used in a promising research project funded by the Bill & Melinda Gates Foundation, "Increasing College Enrollment Among Low and Moderate-Income Families," aimed at improving information and access to financial aid for students. With BEN, Single Stop USA

has access to sophisticated client tracking and reports that facilitate both the provision of direct services and the ability to leverage large-scale policy change. Specifically, BEN offers comprehensive screening capacity, the flexibility to capture and store client data across multiple programs and sites to facilitate interagency referrals, and the ability to complete and submit applications electronically. As a case management tool, BEN allows for tracking, customizable reporting and client flow.

However, like any other client-focused human services technology, BEN needs a caseworker to be most effective. A caseworker combats barriers to accessing human service programs and benefits, including language barriers, disability, confusing forms and bureaucratic constraints. Many Americans, especially young families and immigrant parents, do not access benefits that have stigma associated with them.[6,7] These populations are, at best, skeptical, often afraid, and consistently resistant to benefits they and others perceive as "handouts." As a result, the caseworker can play a critical role in allaying clients' concerns and helping them consider these benefits and services in the context of their needs and expenses.

By tapping into existing public resources, Single Stop's community college sites are achieving remarkable outcomes. In their first year of operation, these sites drew down an average of $1,500 per student served in tax refunds alone—a staggering 15 percent of that same cohort's average gross income. At the same time, approximately 50 percent of students served during this period confirmed receipt of public benefits, received legal services or were referred to on-site Single Stop financial counselors to address issues such as debt management, budgeting and credit improvement. In 2010, Single Stop's community college sites filed taxes for more than 4,500 student families nationally at an estimated value approaching $6 million. Anecdotally, we know these services have already had an enormous impact. Even more compelling, preliminary data from select sites indicate an improvement in semester-to-semester retention rates of students who received Single Stop services.

Bottom Line

Today, business, economic and policy concerns have created a need and a demand to better coordinate health and human service delivery. Partnerships among nonprofit organizations, care providers, foundations, and state and local governments are delivering new models of service coordination. Advancements in technology, leveraging the ubiquity of the Internet, provide the opportunity to connect information and services.

Coupling technology advancement with innovation in service and benefits coordination can yield dramatic improvements in outcomes. Such is the case with Single Stop USA's Community College benefits coordination initiative, which is reducing poverty and increasing student self-sufficiency by working with students to measurably improve college retention rates.

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