INTEGRATING HUMAN SERVICES

Policymakers' Forum with Gary Weeks
at the Rockefeller Institute of Government
Albany, New York

March 12, 2001

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Introduction by Brian Wing
Commmissioner, NYS Office of Temporary and Disability Assistance

I have known Gary Weeks for many years. Until recently he served as a director of the Oregon Department of Human Resources. I met him through the American Public Human Services Association (APHSA). As agency director in Oregon, he was responsible for a wide range of activities, which included adult and family services, health, mental health, developmental disability services, senior and disabled services, children and family services, vocational rehabilitation, Medicaid, alcohol/drug abuse programs, and the statewide volunteer program.

Gary has had an amazing career in state public service leadership. Before becoming the director of Human Resources, he was director of the state lottery, director of the Department of Administrative Services, director of the Department of Consumer and Business Services, deputy director of the Department of Human Resources, deputy director of the Department of Finance and Insurance, legislative analyst for the Legislative Fiscal Office, and deputy director of the State Scholarship Commission. That is an impressive list.

Outside the state, Gary has been active in many national organizations. Most recently, he has served as president of the American Council of Public Human Service agency heads. And now he has an exciting new job, as director of "Human Services Reform" for the Annie E. Casey Foundation. In this role, Gary will be able to share the depth and breadth of his experience full time with human service directors across the country. Gary Weeks is a top-notch administrator, a leader, an innovator, and a good friend. Welcome to New York, Gary.

Remarks by Gary Weeks

Thank you, Brian. That was a very kind introduction. I appreciate the chance to be with you in Albany. After listening to Brian's introduction, you may think I had have a hard time holding a job, which is what my mother felt for a long time. I don't think she understood the jobs I have had. What my mother knows is if you get your name in the paper, that's good. She used to call me every time that happened. "I saw your name in the paper. Wasn't that wonderful." I said, "Mother, I got drilled — just drilled — in that article." It could have been a lawsuit. It could have been anything, but if your name is in the paper, your mother is happy.

Service Integration

I appreciate the opportunity to be here with you. Dick Nathan and I have spent lots of time, as I have with Brian Wing and others here, focused on the challenge of integrating human services in a better way than we have historically. I want to share my thinking about this with you, recognizing that many of you are working on this same challenge. To me, service integration is so patently logical that we must find ways to do it. It makes so much sense, why would anybody need convincing of this?

The best place to start is to say what I believe we are talking about as service integration. All states have systems for mental health, public health, substance abuse, child welfare, and adult welfare that have existed for many years — all independently — in their own silos. Our ability to treat clients across these silos is prevented by the fact that they act independently.

For me, the dilemma of integrating services came to the fore when I spent my six years as director of the Oregon Department of Human Resources. I could not figure out how we could get the outcomes we wanted without having these systems come

together. There is a quote that exemplifies our problem, from Winston Churchill. During the Second World War, he was struggling with the U.S. over lend lease before we entered the war. At a press conference, he said, "Americans can always be counted on to do the right thing after exhausting every other possibility." What this reflects for me is just the way we have delivered human services for many years. We have now exhausted almost every possibility of how to do it.

In most states, clients shop for services among disconnected systems, a collection of agencies that act independently. If clients are successful — that is, if we find them eligible and we begin to deliver services to them — then they have to figure out how to meet the goals and requirements of multiple and sometimes conflicting case management plans. We had clients in Oregon who had four or five case management plans. If they were getting mental health treatment, they had a management plan. If they are a TANF (welfare) client, they have a work plan. If their children are in foster care, they have to have a case management plan on how to get their kids back. They have all these plans and with each plan they have an assigned case manager.

Sometimes this results in conflicting plans, because our goal in TANF is to put people to work while our goal in the child welfare side is to try to figure out how to reunite the child with the parents, and to plan how the parents are going to be able to care for the child. That may mean the parents aren't necessarily going to be able to go to work right away.

The same is true if you look at vocational rehab and TANF. We have clients that are in vocational rehabilitation, which is focused on long-term training and development. At least in Oregon on the TANF side, we are not interested in a long-term training relationship. We were interested in trying to find out what skills and supports people need to go to work. So the goals of vocational rehab and TANF bump against each other regarding what is best for this client. In effect, the client is trying to navigate our own struggles with our own systems.

This became crystal clear to me and to my agency cabinet when I invited a circuit court judge I've know for a long time to a cabinet meeting. He raised this issue without even being asked to do so. He said, "Look, I have a law degree. I have a masters degree in social work that I got before my law degree. You bring these people before my bench and want me to terminate parental rights or take some kind of action, and I look at their file and they have three or four case management plans. With all the experience I have, and with the education I have, I could not do what you are expecting these people to do. So you are going to continue to have a lot of trouble with me in my court." I thought this was right on. He said candidly that until you figure out how to make this work better for the client that he was not going to be sympathetic with what we wanted to do.

Policy Failures

As a result of this way of doing business, we have a lot of clients who fail. They fail because they are among the least prepared people to deal with the maze of bureaucracy and the maze of case management plans. They fail most of all because we don't do initial comprehensive assessments of what they need. There is an assessment in each of the programs they go to, but in most places in the country we don't do a combined assessment. We determine what each problem is; we address each problem independently of other problems people have. And we hope somehow this will all come together for the client so they get a positive outcome.

I'm saying things that many of you already know. People appear at our doorstep with more than one presenting problem. Kids come into the world in poor health because their moms drink too much, smoke too much, use drugs, and didn't follow any kind of nutritional program. Their mothers may have been physically abused by their partner or husband, and the consequence is their children come into the word in poor health. Children may grow up abused or neglected because they live in

homes where there are mental health treatment needs, alcohol and drug issues, domestic violence issues, housing problems, and unemployment. All those things are occurring in the home, and the result is children are abused or neglected.

Another example of the disconnect in our systems is in the lack of support following treatment. Substance abusers routinely repeat their treatment; they go through more than one treatment phase. When they leave the treatment center they do not have drug-free housing to go to. They do not have a supportive family. They do not have supportive employers. They are not part of a community where they can get help from support networks. The result is they recidivate and they are back in that same treatment center, or back in the detox center or whatever resource they find.

The Oregon Approach

For years, we have known that most clients do not have one problem. Yet we are persistent in trying to deal with those problems on an independent *ad hoc* basis. In Oregon, and in other states too, efforts are being made now to try to bring these things together. Oregon, in fact, has a history of trying to do this.

The Oregon Department of Human Resources was created in 1971. I had my staff go back and resurrect the testimony from when the bill came up to create the combined department. It is wonderful testimony. One senator talked about clients bouncing from pillar to post, unable to navigate our system. He used the term "navigate." Another legislator said it is impossible for someone with a drug or alcohol problem to be released into a community that is not receptive. This was thirty years ago. They were presenting all the right arguments for creating the department we have now, which is an umbrella department that seeks to bring services together. The only thing that is not in the department of Human Resources in Oregon today is adult and juvenile corrections and employment. They were included at the creation, but they are not part of the department now.

When the legislature established the department, many people were eloquent about reasons to create it. Then, in the next breath, when the bill went to the Ways and Means Committee, they took each division and gave it a separate appropriation — created a division administrator that was confirmed by the Senate and appointed by the governor. And then they said go out and play nice with each other. For twenty-five years, the department struggled because the people who were the division administrators viewed themselves as running a separate agency. They had their own budget; they were confirmed by the Senate; they had an appointment by the governor, and in some way reported to the director — but not necessarily. I do not think it was the intent that folks not work together. We created an environment that encouraged them to behave the way they did.

When I took office, I had long conversations with the governor about challenging the legislature and others to pursue the vision people had in 1971, when they created the Department of Human Resources, to move to an integrated system. I wanted to go to the legislature to take away the separate appointing authority, the Senate confirmation, the individual budget authority for the divisions, and place all that in the hands of the director. The governor was fully supportive of these changes. It took two sessions — 1997 and 1999 — to get through a set of bills, and in fact with the support of both the governor and the legislature, we did it.

Now we have a department in Oregon where the director is the appointing authority. There is no confirmation of anyone by the Senate except for the director. The budget is one budget. It is not one appropriation, I should say, but each division does not have its own appropriation. My goal was to try to have a single appropriation, but I was not successful in this by the time I left.

But we really did have in Oregon the opportunity to integrate services. It is a well-to-do small state. We had about 10,000 people in the agency. We served about 900,000 clients a year. That is an unduplicated count. In fact, it took years for us to

get a computer system capable of telling us how many people on an unduplicated basis we served in a year. Maybe some of you have better systems than ours. We always knew how many people were in foster care, how many people were in the state mental health institution, and how many TANF recipients there were, but we could never bring it all together and say that this is the unduplicated head count of people served until just a year ago.

I remember getting on the department's back in the mid 1980s when I was a legislative analyst about their inability to tell us who they serve. Now we know we have 900,000 individuals. One in every four Oregonians receives at least one service. Twenty-five percent of those people receive two services, and forty percent get three or more, which supports what I was saying earlier about how people come to us with many different needs.

We set out as our strategy to create a system that involves coordinated assessments of the needs of the client and the client's family. The aim is the delivery of multiple services and programs in a seamless way where the client does not know who is giving him the service, which division, or which program. A single case management plan; that was one of our paramount goals. We wanted the client to have one case management plan and one case manager. Somebody who we would call the *"navigator"* — backed up by an information system that is integrated and accessible to multiple state agencies and many of our key local partners. This is probably the biggest challenge. I will talk a bit more about information system in a minute, because the technology now exists to do this. This is not a technology problem. It is a problem of bringing all the folks together and deciding which databases you are going to use and who you are going to give access to and so on. But it is not a technology problem.

The final purpose we had was to say that there is going to be *shared* responsibility for accountability among programs and services for the success of the client. In other words, it is not just the TANF program's responsibility to put somebody to work.

This can be a responsibility under the mental health division and the substance abuse division, as well as our housing people, because we have a close relationship with the housing agency. We all have some responsibility for the client being successful. We want an understanding that we were going to assume that responsibility. I do not need to tell you that trying to get an integrated system that has these kinds of characteristics is really hard work! It takes a lot of perseverance.

Like I said earlier, we are talking about systems that have been developed over years. They are big. They are complex. They have powerful advocacy organizations behind them and bureaucracies that are not amenable to change. I once read something by Machiavelli. He said: "There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things." That is true of the work we did to integrate this system. It is difficult. It is perilous. It is uncertain in outcome. You have to be committed to make it work. Yet if we get these programs together we know we can have better results.

The White City Pilot Site

When Dick came out to Oregon recently, we took him to one of our four prototype service integration counties. We started with four counties in the state where we could partner with the county government and local providers and build an integrated system at the local, as well as the state, level. We went to Jackson County, which has a population of about 150,000 people. The major city is Medford, and the new center for integrated services we constructed is outside of Medford in White City. White City had the highest teen birthrate in the state. The juvenile crime rate was through the roof. I do not know if it was the highest, but it was pretty high. The adult crime rate was high, a lot of person-to-person crimes as well as property crimes. It was an area with a lot of low-income housing. Not the kind that you have here in the East, with large high-rise buildings, but single family

Rogue Family Center

dwellings that were poorly constructed and poorly maintained. People work, if they worked at all, in an industrial part of White City, in mills and factories.

When the group came (we also had some state officials from Texas who joined us), we asked them to do a little role-playing so they could see how the system worked. We focused on a family we called the Rojas Family, which was a real case, but we changed the names. This is a family with a mother, a teenage daughter who is pregnant, and a teenage son who dropped out of school and was on parole for a conviction of a crime in California. The mother's partner was a Hispanic male, a legal immigrant who had lost his driver's license because of a drunk driving case. Neither the mother nor her partner had much education and neither had been employed for quite a while. They came from California. They had access to a car that was given to the mother by her brother, but they didn't have enough money to get the title changed or get insurance or to put gas in it.

They show up at the Rogue Family Center. We assigned roles to our visitors for each of the family members. Dick was

the two-year-old. My staff did this with some sense of trepidation about whether it would appear to be too hokey, but it was a wonderful way for the group to see how this case was treated.

Once the roles of the different members of the family were identified, they went to intake. They followed the process that the members of a family like this would follow. They had their initial assessment done by a case manager who would become the navigator for the family. The assessment revealed several things. One, the pregnant teenage daughter had not had any prenatal care. The two-year-old had not had his vaccinations, and had not had well-baby care since birth. The son, who was on parole when they moved from California, neglected to tell the parole office in California that they were leaving the state. Neither of the children — the son nor the teenage daughter who was pregnant — had a plan for their education; both had left school after the eighth grade. There were no plans for job training for the mother or her partner.

Obviously they needed assistance to get title to their vehicle and to be able to pay insurance. In this county, it is a rural county, there is no mass transit. If you are going to get around and look for a job and get the services you need, you have to have a car and be able to drive it. They had no housing. The mother's partner, who had the DUI, had no substance abuse plan. These were some of the things shown by the assessment.

When the caseworker finished the assessment, the family members were sent in the center to the appropriate resources. Dick, as the two-year-old, went to see the public health nurse to be examined and to get caught up on vaccinations, or at least to get scheduled, because they could not give them all to him on the same day. The pregnant teenage daughter went in for an exam by a physician and a public health nurse. We work with DMV to try to figure out how to get the title released and to get emergency insurance to use the vehicle. There is an assessment of eligibility for food stamps, Medicaid, and TANF benefits. There is a work plan and a skills plan developed for the male

Some of the staff at the new Rogue Family Center

partner and the mother. There is an education plan developed because there are people at the center who work with the schools — that is, to resume the education for the teenage daughter and son.

All of this is done in this one location — the Family Resource Center. All the information fits into a common system about what this family is receiving. The last thing they receive is a box of food for the night and a food card which they can use to buy food the next day. We managed to put all of that together at this site. The data are integrated and available to all the agencies located at the site. The site also includes a branch of the county sheriff's, and the courts have somebody there several times a week. The county built the new building for this center with us as partners. Previously, for several years, we were using the old Big Bear hardware store that we gutted and leased.

This is one of four prototype projects in Oregon that we started 1½ years ago. Physically we have everything there to deal with that family. The other change we had to make in our system was to change the way we do business with our front-line staff. Historically, the job of people in human services was largely one of determining eligibility and quality control. Not

just in TANF. It is true too for the food stamp program, mental health, and substance abuse. The first thing our folks worried about was, are people eligible for treatment? How do we know they are eligible? Do they have a Medicaid card?

In our old Adult Family Service (AFS) system, our mission written on the wall was "Determine eligibility without error and deliver benefits on time." That was most of all what workers were supposed to do. We needed to change that. We needed to find ways to develop capacity among the workers to conduct comprehensive assessments, and to identify as a result of those assessments what the challenges and barriers are for a family. We had to know where the resources were, to be able to access those resources, and to be able to forge the right partnerships in a collaborative way. That is a very different job than we had ever asked front-line workers to do. It required spending a lot of time with the unions because we were changing the way people worked and we were going to offer them new positions. We had to convince our employees. They asked: "What is in it for me?" Some employees will eagerly accept change because they believe it benefits clients. There are many employees who care so much about clients that if they can be persuaded that what you are going to do differently is going to benefit clients they'll move quickly and cooperatively to adopt a new way of doing business. Others are more interested in whether it will mean more money for them. Is this going to make my job easier? Is this going to help me stay on the job longer?

One Key Word

The other thing that was challenging was to get people to understand how to build partnerships with other providers, such as nonprofit faith-based organizations, other agencies, for housing, transportation — agencies that historically have not been our close allies, teaching people how to build these partnerships and work collaborately on cases. I often remind my employees of the movie in 1969, *The Graduate*, which was one of Dustin

Hoffman's first starring roles. There is a defining moment that anybody who saw it remembers. When the graduate is attending a party after graduation, a businessman pulls him aside and says "There is only one word you have to remember for your future." What was the word? *Plastics*. People remember that moment in the movie. I used that as an example for my staff, because there is one word that you have to remember for success in the future, and that is *partnerships*.

Know how to create partnerships. Build on them for the benefit of the client. This change in the way that we provide services depends a lot on the ability of the people who work in these systems — for them to change the way they view their work. That is the business of change.

Information Systems

I want to come back to technology and our capacity to share data. One of the most frequent barriers we face is someone saying, "You know, we'd love to partner with you but that information is confidential." I have heard this for years. Sometimes there are truly confidentiality issues that have to be dealt with carefully. But many times the issue is they do not really want to work with you, and the easiest way to get rid of you is to say this is confidential. Then there is a third possibility, and that is that people do not recognize what can be done to share data. In the system we built we used a single release form at the time of assessment. Clients sign the form releasing their information to agencies and programs that can be part of the process of building a case management plan for them. Something like 95-96 percent of the clients sign it. We do not coerce people in to sign it. There will be people who refuse to sign. We say to them that by refusing to sign, you may be limiting our capacity to help you in a number of ways. Largely this is not an issue. We use this as our authority to transfer data. Then it becomes a matter of figuring out the technology you need to transfer the data.

I wish I could tell you that in Oregon we have the perfect solution. We do not. We are using a fairly crude way of sharing data, but it works for us right now. Like every state, we have a variety of databases, for example, a child welfare database, a TANF database, a mental health base, a substance abuse treatment base.

"MetaFrame"

What we have done is use a software tool called "MetaFrame" to run all those individual databases through a single portal and then it comes out on the worker's screen. You have an icon on your screen which gives you access to all these different databases, then you can build your own integrated system for a client. You can pull data off all of these databases. The information includes eligibility, the services people are receiving, case narrative notes in some cases, and so on. If there are holes in a treatment plan, you are going to know about it. It is fairly crude, I'd say, because it still does not give you one integrated database, but it does give the caseworker access to information in a fairly low-tech and not very expensive way. We are running that in four countries now and have been for close to a year. If it continues to work well, we will use this approach for all of our caseworkers across the state. While we are doing this, there is technology evolving throughout the country that may provide a better solution.

One of the things we are not good at in the human services field is sharing solutions. I know, for example, in New Jersey there is an approach called *"One Easy Link."* Peter Martin and Associates developed the software for it. It is supposed to link all the various systems and bring them together at the case worker's desk. Delloitte-Touche has a similar kind of project in Oklahoma. Also, I am told that in Broward County, Florida, they have what they claim is an integrated information system. San Bernardino County in California is using something like Broward County, but all I know about this is what I have heard

informally. We do not have a way of bringing together all this learning and activity, which is going around the country, and sharing it with each other so we can try to work out the best solutions. That is one of the big challenges we have in information technology. We have to find a way to share things going on around the country.

I want to back up to the point that in Jackson County we have a physical structure where we integrate services. I realize that every country, every city, cannot build a building like we have in Jackson Country. We cannot build one even in every county in Oregon. Jackson Country happens to be so committed to changing the environment that they put the money together to build an integrated site. If you cannot bring it all together in a physical location then you have to use technology to integrate these systems. Dick Nathan coined a phrase when we were together at a conference in Phoenix. He said it could be one stop; but it does not have to be one stop if it is *one screen* — one place technologically where you can understand what is happening with a client.

At the outset I said that I know that many of you in this room are working on this same problem and I think we are making headway. There is a clear recognition of how important it is to get systems integrated. We cannot let up on this. Now I have a chance to work on this more broadly.

Casey Strategic Consulting Group

It was a big decision for me to leave Oregon and go 3,000 miles to Baltimore. The reason I did it was because I became convinced after talking with Doug Nelson, president of the Annie E. Casey Foundation, and Kathleen Feely, the architect of the Casey Strategic Consulting Group,that the Foundation is committed to the idea of trying to reform these systems. The Annie E. Casey Foundation, as many of you know, has for many years worked in neighborhoods and communities to build strong families, to help disadvantaged children grow up in strong, healthy

families. The ways that the Foundation supports stable communities and healthy families is to work on the economic base of the community, the social networks in the communities, the support systems of communities and neighborhoods.

About a year ago, Casey began to explore the notion that there also have to be changes in large public systems, if we are to help vulnerable children and families. The policies, rules, procedures, and money do not come from the neighborhoods or the community. They come mostly from large federal, state, and county programs. The Foundation reached a point where they said we need to invest in changing these systems in a significant, measurable, and lasting way. This is the work that I have been trying to do for the last six years and I think this is what has to be done to get the best possible outcomes for clients. This idea of trying to integrate these services is what I believe in, and the Foundation has committed itself for the long term, to an investment in working on systems' reform.

The group the Foundation has created is called the "Casey Strategic Consulting Group." We have fourteen staff this year. We have authority to add six people next year. We are going to be looking for places in the country — they can be large cities, states, or counties — that are interested in deep, sustainable systems' reforms. Part of my job is to find out if they are serious, if they have the expertise, the commitment, the support from governors, boards of county commissioners, and legislative leaders to really bring about change — change that is sustainable, change that does not depend on who the director of the agency is, or who the governor is, or who the speaker of the House is, change that is so deep that it can outlast leadership changes. That is what we are looking to do. There are a lot of jurisdictions that are interested. I can tell you this, just having been on the job for a month, I have talked to many county and state officials who really want us to partner with them. Sorting through all of this to find out which ones are best and most serious and where we have the best opportunities is going to be our toughest job. If we pick the right places and we are able to bring about deep and signifi-

cant change in the systems in a way that we can migrate it, we can transport it to other places, then we will begin to have a chance to impact outcomes for children and families across the country.

That is what I am interested in and that is what got me to come from Oregon to Baltimore. I am excited about it. I think we are going to be able to build a good team. There are lots of good people interested in working on this. My guess is that when we are up to full strength we will be able to run four or five "engagements" across the country at any one time. The basic idea, when we talk about deep and lasting commitment, is that we do not intend to come into a place for a week and try to help think through a plan of action. The teams are going to be in place for months in whatever jurisdictions we agree to work in.

We want people to understand that Casey is making a significant commitment to this, and it is a different kind of role than the Foundation had before. I think it is very exciting and I am appreciative of the opportunity to be part of this. We have a great opportunity in the country to be change agents. My repeated message whenever I get the opportunity is to say we have to stay the course. We cannot let up and let our clients, or force our clients, to have to deal with multiple systems and multiple organizations and expect them ever to get the outcomes — safety, health, and independence — that we talk about all the time as what we want for them.

Appendix
The Casey Strategic Consulting Group: A Concept Paper on the New Enterprise of The Annie E. Casey Foundation

Introduction and Rationale

Public system reform is one way that the Annie E. Casey Foundation (AECF) carries out its mission of meeting the needs of our country's disadvantaged children and families. But while the Foundation's vision for reformed human service systems ultimately involves fundamental change, public systems are enormously difficult to change in fundamental ways. This type of reform includes altering the structure, financing, frontline practice, and culture of organizations.

Opportunities for such fundamental change are rare. They cannot be created easily from the outside. Moments do present themselves, however, when an opportunity for fundamental change exists within public systems. A crisis of systems failure, a change in political leadership and public direction, or litigation ruling present practice unconstitutional have created these moments of opportunity through a broad-based recognition that "the status quo is no longer tenable." A child's death while in foster care rivets public attention to the broken nature of the child welfare system. Election of a new Governor whose campaign was based upon educational reform creates a mandate for change. A court ruling that the state has violated children's constitutional rights by not making mental health services available requires immediate response.

Simply because there is this moment of opportunity does not mean that fundamental change will occur, however. A compelling vision and strategy for changing the child welfare system fails to emerge, and the child's death eventually ceases to be

news. The Governor backs away from bold steps, and the education reform agenda is reduced to a number of marginal and cosmetic revisions to teacher credentialing. The state signs a consent decree but moves forward at a snail's pace and the parties to the decree spend their energy debating nuances.

At the same time, there are instances where the moment of opportunity is not lost and fundamental public systems change occurs. Kentucky restructures its educational system to be more equitable, professional, and results-accountable. El Paso County in Colorado blends funds and creates a more preventive and holistic response to child protection. Wisconsin restructures its public welfare system to provide a transition to employment rather than an economic security system for dependent children. New York City reconfigures its child welfare system to be more neighborhood-based and results-accountable.

Simply put, the goal of the Casey Foundation's new "Casey Strategic Consulting Group" is to identify such moments of opportunity, establish relationships with the champions of change, and provide the strategic consulting needed to maximize the likelihood that fundamental public systems change occurs. This strategic consulting will join Casey's vision for reformed human services with the public agency leaders' vision for reform as they make difficult decisions in the interest of their jurisdiction.

The Casey Strategic Consulting Group differs from existing Casey Foundation initiatives in two important ways. First, the Casey Foundation has traditionally developed a reform agenda and then sought opportunities to implement that agenda with state or community partners within an overall initiative. Casey Strategic Consulting, on the other hand, will seek opportunities within states or communities that show great promise for reform, and then support that reform. Second, Casey Strategic Consulting commits to intensive, long-term and expansive strategic consulting, capitalizing on the moment of opportunity and maintaining the momentum for change. Casey Strategic

Consulting expects its teams to provide ongoing, hands-on and sometimes day-to-day assistance to the change effort.

Although Casey Strategic Consulting focuses on responding to opportunity moments rather than setting a reform agenda, Casey Strategic Consulting will bring to every engagement the Casey Foundation's values and know-how from over a decade of investments in strategies to overcome dysfunctional service systems. The Casey Foundation firmly believes that the problems of services systems in disadvantaged communities can be corrected. Indeed, changing ineffective child welfare, mental health, education and other vital human services is a necessary prerequisite to building neighborhood environments that foster strong, capable and resourceful families. However, sustainable human service reform will not come from traditional "top down" decisionmaking. Real change requires public agencies to value families, foster family ties, identify and use community resources and involve parents and children in planning for the future. Most importantly, real change requires public agencies to build community partnerships that encourage local participation, decentralized decisionmaking and flexible funding streams that support the unique needs of every community. Casey Strategic Consulting seeks state and local partners who are committed to these values as they reform public systems.

The following describes in more detail the Casey Foundation's formulation of Casey Strategic Consulting.

Casey Strategic Consulting: Design Principles

The design of The Casey Strategic Consulting Group is built upon both the Foundation's values and experiences in providing technical assistance and research on public and private sector consulting, with a particular emphasis upon "strategy consulting" in the private sector.

In corporate contexts, a typical rule of thumb is for the investment to achieve benefit equal to ten times the costs of the en-

gagement. For the work of Casey Strategic Consulting, we think this translates into a metric to identify and make non-incremental, significant, and measurable differences in the services, budget allocations, and organizations that predict, over time, steadily improving outcomes for children and families.

The Foundation's experience with providing technical assistance to the public sector has been that it can, but does not necessarily, serve as a catalyst for change. Technical assistance falls short of its reform goals for a variety of reasons: perhaps the relationship between the TA provider and the requestor is not clearly defined and understood; perhaps the TA lacks the comprehensiveness and intensity to maintain the momentum for change. Often, however, the reform effort fails because the people assigned the responsibility for the reform within the system don't have sufficient authority to enact the changes, haven's agreed on the results that are expected nor a clear roadmap to achieve those results. Absent clear authority, clear vision, a roadmap and the resources to get the job done, the effort stagnates and no amount of outside TA, or consultation can result in real change. Success requires: clear, level-headed selection of the most capable leaders within the system, clear delegation of authority to those leaders to bring about the required changes; establishing the high profile and priority of the effort; and defining resources, including a clear role for consultants to support the development of the plans for and the enactment of the reforms. Without the appropriate team, inside and out, the effort is compromised from the beginning.

Similarly, the research literature on consulting has determined a number of elements that make consulting successful or unsuccessful: (1) the match between the organization's need and the consultant's expertise; (2) the clarity of the expectations for the consulting work, (3) the level of commitment and capacity of those employing the consultant and the level of support of those who will be carrying out changes; (4) the scope and duration of the consultation in relation to the need; (5) the degree of alignment between the vision and values of organizational leadership

and the consultant, and (6) the degree of trust established between the organization and the consultant.

The type of private sector consulting that is most analogous to the Casey Strategic Consulting Group, however, goes a step further. Called "strategy consulting," it is designed to achieve fundamental changes in business structure and culture, often major business restructuring and "reinvention." Strategy consulting is intensive and broad-based in its scope. As distinguished from much other consulting, it has the following characteristics:

- A highly structured team relationship between client employer and consultant, with a very clear authorization and scope of work,
- Use of analytic tools and frameworks, which are constantly refined and developed by the consultant;
- Hands-on leadership from very senior consulting personnel who are immediately available to address issues as they arise in the business
- Use of data to inform action, with the capacity for "back office" research to provide proximate answers to key presenting issues; and
- Establishment of clear benchmarks and time frames that allow either the business or the consultant to exit the relationship at specific intervals.

This strategy consulting has proved invaluable to many businesses in their restructuring efforts, although it is quite expensive, often costing $250,000 or more per month for from three to eight months or more for the design stage alone.

In a few instances — such as New York City, Illinois, and Kentucky — the Foundation has been involved over a significant period of time, with an intensity that approaches that of strategy consulting. Such opportunities have provided the Foundation insights into a variety of consulting issues that apply to

public systems reform, the lessons of which were incorporated into the design of Casey Strategic Consulting. The first is that deeply committed, top-level, political and executive branch leadership is absolutely essential to producing real change in public systems. In addition, fundamental public systems change requires communications strategies that engage and inform inside and outside stakeholders and the public. Finally, even when they recognize its value, public systems cannot generate internally the funding needed to purchase intensive technical assistance, not provide the training and staff development for implementation. Foundations can and have played a critical role in making intensive technical assistance available and able to be utilized by public systems.

The conceptual framework for the Casey Strategic Consulting Group builds upon both the Casey Foundation's experience in providing consulting support to sites and this consulting research. Specifically, Casey Strategic Consulting will incorporate the following into its basic design:

- Emphasis upon clearly established expectations between the state or locality and Casey Strategic Consulting, including determination that that there is alignment between the results sought by the state or locality (e.g. neighborhood based family centers, available 24/7) and the Foundation's principles (e.g. preventive, family strengthening, community involvement) approaches and expertise;
- Selection of a team from the state or locality that has sufficient authority, talent, vision and excitement to assure the reform effort is launched and sustained with every possible chance of success;
- A parallel, diversely expert Casey Strategic Consulting team led by a senior-level professional who provides hands-on supervision and can respond immediately to issues as they arise;

- Use of strategy tools and analytic frameworks to guide and provide consistency to Casey Strategic Consulting's work;
- Excellent and efficient "back office" research capacity that supports the information needs of teams working in sites and use of information technology that supports continuous review;
- An engagement strategy that includes key constituencies outside the public system itself and builds capacity to implement changes from the administrative to the frontline practice level; and
- Clear, reliable, and relatively short timeframes for progress reports, reassessment, reaffirmation, revision, or termination of the relationship.

Casey Strategic Consulting: Stages of Engagement

Critical to the success of Casey Strategic Consulting is identifying states or localities at the time the "moment of opportunity" exists. In most instances, the Casey Foundation expects that possibilities will originate through requests from the state, county, or urban leaders for help from the Foundation.

Like strategy consulting, Casey Strategic Consulting will stage its involvement with states and local governments in a structured manner.

Pre-Engagement. Following a request for help, a Casey Strategic Consulting team is created for the "pre-engagement" stage of involvement. Almost immediately, that team meets with key local stakeholders and reviews existing materials and information from the site. At this stage, the Casey Strategic Consulting team determines the following:

- Alignment of results sought by the site or organization's leadership (e.g. a more humane juvenile justice system) with the Foundation's values and

principles (e.g. a system characterized by preventive strategies and community-based alternatives,) approaches and expertise, and the degree to which there is a shared and common understanding of the purpose of the change effort;

- The capacity of the site to achieve its vision, as evidenced by the authority and quality of the leadership that is committed, the priority the effort is given in terms of senior level time commitment, and past evidence of success in reform undertakings; and
- The extent of a supportive authorizing environment needed to provide political, moral, fiscal, and technical support, for fundamental change.

While day-to-day leadership may come from a well-placed agency director or the chair of a special commission designed to guide change, top-level political leadership also must demonstrate meaningful support for the effort. This support must demonstrate high political priority and be characterized by an agreed upon "resource exchange" e.g. building an ongoing analytic capacity in the government, new legislation, remedial increased budget allocations, etc.

If the Casey Strategic Consulting team determines that there is sufficient reason to proceed, the team will assume responsibility to draft a "letter of intent" that must be signed by both parties and will spell out understandings and commitments. This "letter of intent" must include a description of the reform goals, the interim and long-term results expected, the activities that will be undertaken, and the commitments being made by both parties to achieve the results and goals, including the personnel assigned to lead the effort. The letter will also specify what products are anticipated, (reports, data, analyses, etc.) when they will be produced and what part each partner is expected to play in their production. To be timely, it is anticipated that the "pre-engagement" stage should be completed within two months of the initial contact.

Entry, diagnosis, crafting a strategy and planning. During the entry stage, the Casey Strategic Consulting and site team work together to complete a thorough assessment of the system, spell out where it has to go to achieve systems change, craft a plan or strategy, and define the major change areas and steps that need to be taken to get there. This stage develops the framework for a comprehensive work plan, gathers commitments from a broad set of key stakeholders, and identifies leaders and change agents at different organizational levels. If commitment on both sides exists, a detailed "letter of engagement" is developed and signed by both parties. The "letter of engagement" details the work plan and the specific responsibilities of both the site and the Casey Strategic Consulting team. It covers a specific time period, usually no more than nine months.

Implementation. During the implementation stage, actionable steps with desired results and progress checkpoints are developed and implemented. Casey Strategic Consulting provides concise, constant, periodic, and candid evaluative reports to the site. These are used to insure progress, provide documentation for the site and a learning base for Casey Strategic Consulting. The implementation stage may involve several years, but requires establishing successive "letters of engagement" for specific timeframes and with specific goals.

Casey Strategic Consulting: Breadth and Scope of Strategic Consulting

Clearly, the work of the Casey Strategic Consulting Group will be individually tailored to the state or community. At the same time, there are common elements to that work

- *Engaging and supporting change agents.* Successful public systems change requires selecting individual leaders and coalitions of leaders and authorizing them to put reforms in place. Change agents are also required throughout public systems, especially in the midline of organizations and

among those within civil service. Casey Strategic Consulting will help the site identify those leaders and change agents and support and sustain them with leadership development activities.

- *Leveraging "found pilots."* Most public systems contain pockets of innovation and new, more effective practice. For example, Delaware is integrating its human service delivery systems across the state using innovative information technology. Casey Strategic Consulting will help identify those pilots and practitioners to promote changes across systems.

- *Managing system change.* Managing reform requires developing strategies to implement changes at the policy, administrative, and frontline practice levels, usually requiring fundamental changes in organizational culture as well as shifts in organizational responsibility. Casey Strategic Consulting will help sites plan and stage implementation strategies and provide support for that implementation to insure it succeeds.

- *Maintaining an outcomes orientation.* Casey Strategic Consulting is interested in supporting lasting, systemic reform change — defined as efforts where success can be measured not only in the short term, but that endure and continue to improve over the coming decades. These reforms go beyond "more efficient government" and predict measurable and improved outcomes for vulnerable children and families.

- *Using data and IT.* Existing data systems for public systems typically do not provide information that can inform policy or practice. The quality of information for policy is centrally linked to creating effective IT support for frontline practice. The Casey

Strategic Consulting process must help build data systems while also collecting data to provide timely, proximate answers to key questions.

- *Securing best thinking and technical expertise*. There is a knowledge base on different elements of systems change. Casey Strategic Consulting must assist in gathering this knowledge and identifying people to offer strategic consulting. Casey Strategic Consulting must be able to do quick, "back office" research to address specific issues as they emerge.

- *Strengthening strategic communications.* There are many constituencies interested in public systems change. Casey Strategic Consulting must help sites develop inclusive communications strategies that insure internal and external constituencies do not feel left out of or alienated from the change process.

- *Valuing diversity, practicing inclusion, and providing a consumer focus*. Often, public system reform efforts fail because they primarily involve professionals within the system, with little diversity of background, race, or culture. Change efforts must be inclusive and include consumers, the community, front-line workers and private service providers.

- *Enabling — not owning*. Ownership of systems change must begin and end with the state or locality. The Casey Strategic Consulting team will lend guidance, expertise, focus and support to the process as long as the authority for change remains unswerving and momentum continues.

This represents a broad charge to Casey Strategic Consulting, requiring expertise on a range of issues, one reason for a Casey Strategic Consulting team approach. It also involves working with a variety of stakeholders, requiring diversity within the Casey Strategic Consulting team, including staff with

the credibility to advise top-level political officials and administrators. Assembling a team with these skills constitutes one of the most critical challenges in making Casey Strategic Consulting work.

Throughout the work, in collaboration with the public system clients, Casey Strategic Consulting staff will be identifying and documenting lessons learned and best practices to support other jurisdictions, allowing them to profit from the experience of these intensive engagements. A director of research will take the lead in overseeing the knowledge transfer.

Conclusion

While the Casey Strategic Consulting Group model represents a challenging innovation, it is built upon the Casey Foundation's prior experience with states and communities and prior selected technical assistance activities — particularly the work in New York City, Illinois, and Kentucky. Casey Strategic Consulting's goal is to strengthen, enlarge, and make more applicable that experience.

As stated above, public systems are enormously difficult to change in fundamental ways. Success, however, both can improve the lives of children in families served by those systems and serve as a beacon and catalyst for the diffusion of those changes to other public systems.

Demonstration programs produce knowledge about the goals and practicality of specific changes within systems. Technical assistance applies and adapts that knowledge in new places and to new situations. Together, both build a base for even broader changes — through demonstrating the utility of new approaches, creating champions of change, and raising challenges to similarly incorporate those approaches throughout the larger systems.

The Casey Strategic Consulting Group aims to establish a model for taking that base of knowledge and experience to a next

level — to produce, in at least a critical mass of sites over the next five to seven years, the fundamental systems changes needed to demonstrably and dramatically improve results for children and families on a system-wide basis.

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