
POLITICAL BRIEF

Issue: 200-1218-02

March, 2007

SHOULD WE CONTINUE EFFORTS TO INTEGRATE HUMAN SERVICES INCOME SUPPORTS AND RELATED PROGRAMS?

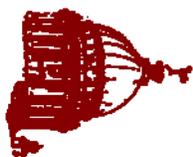
BY
LANELL KELLUM
SENIOR RESEARCH ASSOCIATE

Social policy in far too many states has degenerated into a fragmented program delivery system in which managers of related programs become the beneficiaries, and the losers are those citizens rely on the State's support programs and who must deal with coinciding government agencies. Advocates of social support services often see the mere existence of multiple human service programs as a plus, when in reality it may have become a major barrier due to program disconnectedness. Serious efforts to integrate and link the many venues of human services are often thwarted due to agency turf wars which may result as agencies compete for the lion's share of funding and control. All the while, the welfare state is bigger than ever despite a decade of policies designed to wean poor people from public aid.

Advocates of "service integration" understand that streamlining eligibility determination processes, case management, policy development and planning functions within and across human services agencies is possible through the use of technology and the merger of departments. Ultimately, service integration assists those who require the most support by assisting them in acquiring more effective and efficient benefits. As we pursue an integrated human services system, one has to explore answers to the questions: What is meant by service integration? More importantly, what difference would it make to integrate human services?

Ask anyone who has sought human services support at the local level and it becomes obvious that human services at the local level is not a system, but rather a patchwork of separate programs, each having its own goals, rules, bureaucracies, funding mechanisms, and service delivery processes. A given locality's human service system might include: (1) income supports at a local office of the state department of human services; (2) child support enforcement administered by the county district attorney's office; (3) child welfare and

The John C. Stennis Institute of Government



protective services, also administered by the county, but in a third office;(4) the Workforce Investment Act “one-stop,” with job training programs, displaced worker programs, and state employment services in a fourth location; and (5) mental health counseling and drug and alcohol programs provided by a nonprofit agency in a fifth location. Needs such as housing, child care resource and referral, education, and basic health services might be addressed in still other locations. This is not a system; it is a mix of silos—programs and services—many serving the same populations with little direct interaction, little information sharing, and limited coordination.

Efforts to reduce the populace’s need for public service programs have often failed due to the fragmented silo delivery system. Even though the number of families receiving cash benefits from welfare plummeted after the government imposed time limits on the payments almost a decade ago, many other programs for the poor, including Medicaid, food stamps and disability benefits, evidenced significant increases in new enrollees. The result, according to a recent Associated Press analysis: “Nearly one in six people rely on some form of public assistance, a larger share than at any time since the government started measuring two decades ago.”

An integrated system of human service programs is needed—a coordinated system that ultimately ends dependency by enabling adults with children to operate successfully in the regular labor market—successfully involving state and local governments and managers of nonprofit and for-profit human service organizations, sectarian and nonsectarian, working together cohesively.

Historically, welfare reform legislation reached its apex in 1996 with the welfare reform bill,¹ “The Personal Responsibility and Work Opportunity Reconciliation Act of 1996”. The bill, hammered out in a compromise, emerged in major controversy. The seminal changes required most welfare recipients to work, but allowed them to continue some benefits after they start jobs. The law also imposed a five-year limit, consecutive or nonconsecutive, on cash benefits for most people in the Temporary Assistance for Needy Families program (TANF). (Some states have shorter time limits for TANF than the maximum allowed by law – 5 years: Mississippi maintains the 5 year limit.) Another controversial change was transferring welfare to a block grant system, with the federal government giving states “blocks” of money to then

¹ US Dept of Health and Human Services. “*The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 Factsheet*”. Accessed February 24, 2006 at website <http://www.acf.dhhs.gov/programs/ofa/prwora96.htm>

distribute under their own legislative criteria.

Although many states simply maintained the federal rules, other states initiated modification by adopting criteria to support more progressive use of the funds, (e.g., subsidizing childcare so parents could work, subsidizing public transportation so people without personal transport could travel to work, and other innovative uses). Some critics of the legislation claimed the time limit was too short, and that too little money was devoted to occupational training. Others criticized the block grant system, sighting program administration and cost as critical concerns. Still others feared the impact of the legislation in an economic downturn. On the other hand, supporters exonerated the five-year limit, and the opportunity for states to experiment in improving welfare, suggesting that only a limited number of people would be adversely affected by the time limit. The controversial debate continues.

The consequences of the 1996 act and its implementation have impacted welfare rolls with the number of people receiving cash benefits dropping nationwide immediately after the passage of the bill. In addition, child poverty rates in many states improved, even though many correlate the improvement to government spending rather than true economic fluctuations. According to US Census Bureau Statistics², poverty decreased from 1994 to 2001. It was widely expected to increase in the late 1990s after the welfare safety net was drastically modified. The vigorous economy held the poverty rate down for awhile. However, since 2001 we have seen steadily increasing poverty rates. Congress has passed seven reauthorizations since the bill's original passage. The Workforce Investment Act (WIA), was passed in 1998 as an effort to reform federal employment, training, adult education, and vocational rehabilitation programs to create an integrated "one-stop" system of workforce investment and education services for adults, dislocated workers, and youth.

Although most proponents of help for the needy favor work over welfare, they are quick to point out the need for an integrated system to offer continued support as the less fortunate strive to become self-sufficient. Most people leaving welfare for minimum wage jobs need child care, Medicaid, and food stamps until adequate time allows them to acquire job training or work experience so they may access jobs with sufficient wages and health benefits to support their family.

With more people in the labor force, a key to diminishing dependence on public support is to help them reach self-sufficiency. When a single mother stops getting cash welfare benefits and moves into a minimum wage job, she still needs food stamps and Medicaid to support her family. To step out into the labor force in such circumstances can seem risky and frightening. The

² <http://www.census.gov/hhes/www/poverty/poverty.html> Accessed February 24, 2007

absence of an integrated support system of job training and child care often encourages individuals to stay on welfare.

Although the development of an integrated system of service delivery is a major undertaking, with the initial effort and cost being high, the long term payoff should be worth the effort. Without such a system in place, taxpayers continue to pay the price in the long run. Again according to US Census Bureau Statistics on Poverty, from 1996 to 2005, there was a net 60% drop (5.1 million) in people receiving monthly welfare payments from TANF and similar state programs--all the while, other government programs grew offsetting the decline. In this country, nearly 1 in 6 people (44 million) relied on government services for the poor in 2003 as compared to 39 million in 1996. These numbers continue to increase, according to individual program enrollment figures. The number of people in households that receive food stamps has grown from 17.2 million in 2000 to 25.7 million in 2005, and is projected to increase to almost 27 million in 2006. Also, with fewer employers offering health benefits, more than 45 million people were on Medicaid in 2005. Cash welfare recipients, by comparison, peaked at 14.2 million people in 1994.

There is much debate over whether people leaving welfare for work should be offered more opportunities for training and education, so they may move into better-paying jobs and leave other government programs. Stricter work requirements enacted by Congress make it even more difficult for welfare recipients to get training to land living wage jobs, so although employment among poor single mothers is up and child poverty rates are down since the welfare changes in 1996, the numbers have migrated upward in the past few years.

With these and other legislative mandates, families must process through multiple agency eligibility procedures at multiple locations to receive needed benefits and services such as child care, job training, health insurance, and counseling to help them succeed in the labor market. Simplifying and streamlining client processes through “service integration” is one way to diminish the often redundant, uncoordinated mix of programs that exists at the local level.

What is “Human Service Integration”?

Service integration involves a combination of strategies to simplify and facilitate client access to benefits and services through the implementation of a distinctive mix of strategies, processes, and partner agencies. Understanding local systems is a major challenge since local human service systems are complex and varied. Streamlining human service delivery involves a complicated mix of governance structures, client populations, economic conditions, procedures, and policies, not to mention the diverse skills of

various agency personnel. True service integration implies streamlined and simplified client access to a wide range of benefits and services that bridge traditional program areas.

The human service programs we reference include the broad range of federal, state, and local governmental and private programs established to improve the health, stability, safety, and economic self-sufficiency of individuals and families. The programs offer a platter of income support programs; employment and training programs; employment support programs, such as child care; housing programs; child and adult protective services; child welfare programs; basic health and behavioral health programs; programs for the disabled and aging; alcohol and drug treatment programs; among others.

What determines whether or not “Human Services Are Integrated”?

The client’s perspective is the critical factor. When families have diverse needs that require interaction with numerous offices and caseworkers, there needs to be coordination and communication between office personnel for individuals to realize compounded benefits and services. Integrating services requires a true one-stop delivery system, not a stop-by-stop-by-stop system where one agency refers the client to another for processing and eligibility, then to another, and then to another, so forth and so on.

What is involved in “Human Service Integration?”

Many human service programs have been designed piecemeal, created at different times, through a variety of funding mechanisms, administered by different government agencies or organizations, with different goals, rules, and administrative processes. Is it any wonder that needy and often less sophisticated clients see the many different programs as confusing—almost an endless snare ?

It is critical for states and local governments to have authority to make changes in policy that result in real difference; however, success must translate into successful interactions between caseworkers and clients. The challenge is to build connections between the service silos--create a coherent system--one that is responsive to local needs and functions as a collective entity.

Doesn’t Mississippi already have an “Integrated Human Service System”?

Although lip-service has touted a one-stop system of human services, in Mississippi do we actually have a system where strategies are being implemented to eliminate navigational barriers and bridge gaps between programs, service providers, eligibility, and benefits? Is this even a possibility? Has Mississippi actually made progress in developing a coherent human service delivery system? If good examples of service integration actually exist in Mississippi, what has contributed most to their success? Does Mississippi really have functioning

examples of service integration, or do clients' real life experiences actually prove otherwise. Has Mississippi succeeded in its efforts to integrate services in income support programs, such as Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps, with services in employment and training programs, child care programs, and child welfare programs?

Have we seriously analyzed local level practices to discern the existing strategies for bridging the gaps between programs? Service integration involves administrative and operational solutions. Operational strategies include such strategies as: co-locating staff from multiple programs and organizations in one-stop offices; developing common client intake, assessment, and case management processes; and integrating staff from multiple agencies into teams, where both operational and administrative strategies are implemented, and where one of the most common divisions between income support and child welfare programs is addressed. Administrative strategies to improve service integration include reorganizing government agencies to consolidate program administration and functions; increasing the number and types of service providers; and blending funding streams.

Some question whether implementing service integration strategies will result in a more user friendly, cost effective system. Of course there are other factors that impact effective delivery of services to the needy including such qualities as effective leadership and skillful management. Other factors also include: community involvement; a concise and mutually agreed upon mission; simplification of governance structures; adequate resources; experimentation coupled with the knowledge that not every new attempt will be successful, open communication; team meetings, and of course, strong political support and persistence.

In essence, the decision making processes have now been driven down to the states, so state and local governments must work to further the processes of service integration. A connected innovative environment is required for locals to be able to provide the wide range of needed services. Ideally sustained service integration requires that the effort be driven locally. The best examples involve the implementation of multiple administrative and operational strategies driven by the common desire to improve client services regardless of the strategies being implemented. Ironically, the major challenge to achieving integrated services is managerial, not programmatic, which requires strong leadership and sound management.

It might be said that human service integration is more about people and processes than about program policies; however discussions are also needed regarding the reauthorization of a number of programs as exemplified in the actual intent of the Workforce Investment Act (WIA). The focus, however, should be the capacity of local officials and their staffs to develop innovative



integrated programs to deliver and sustain efforts over a significant period of time--long enough to move away from an isolated program focus.

Research may provide the means for analyzing human service systems and determining the level of integration—simply by addressing the two key questions: How common are integrated systems in Mississippi? What are the effects of service integration? Mississippi's best efforts have still not achieved service integration, either because that was not the goal of program administrators, or because their efforts have failed to progress to the point of integration. Moving multiple county programs in to a new facility where all of the services are collaboratively located defeats the purpose of co-locating, if programs still work isolated as they have in the past with little or no coordination, information sharing, or staff interaction. The only improvement seems to be that it is easier for a client to find various program contact people. This is not an "Integrated System".

While policy makers often articulate the goal of integrating services, this has yet to be realized in our State. Some locally driven initiatives have shown signs of progress, especially those spurred by wide scale natural disasters that place all the agencies in the same dire circumstances. However, in reality service integration is often not the agency's priority. In fact, often service integration efforts to bridge gaps are seen as threats to solvency. This belief should be dismissed because quite the opposite may be the result, achieving a synergistic effect which leads to better and increased service delivery.

The goal of service integration is to improve client outcomes by providing more effective and efficient services in order to increase the likelihood that clients will benefit from those services. Although specific programmatic goals differ, whether they are family stability, self-sufficiency, community well-being, or child safety, the larger purpose is to improve outcomes for individuals and families through a more holistic approach to service delivery.

The facts are, human service integration just makes sense--it is better for clients and each program succeeds when clients succeed. Ensuring that a TANF client receives timely and appropriate work supports is critical to the client's and the program's success. Failure to connect a client with a key service, such as child care, may prevent a family from becoming self-sufficient. **Service integration is a means of getting just the right services to just the right clients at just the right time.**

ABOUT THE AUTHOR:

LaNell Kellum

LaNell Kellum is a Senior Research Associate at the John C. Stennis Institute of Government, Mississippi State University (MSU). She is currently pursuing the PHD in Community College Leadership at MSU where she also received her Masters and Bachelor's degrees in Education. LaNell has twenty plus years of professional work experience in project and grant development, administration, teaching, and business management in Mississippi and Oklahoma. As an administrator for Rogers State College in Oklahoma, she helped acquire and manage federal education and workforce development grants ranging from \$250,000 to \$4.5 million. While serving as a research specialist for the Mississippi State University Research and Curriculum Unit, she developed state curriculum frameworks, designed and conducted professional development for teachers and administrators, and chaired state work teams to acquire \$22 million in federal education and workforce development funds for the Mississippi Department of Education. As grant specialist for the Columbus School District, LaNell acquired and managed \$4.5 million in reading, technology, and special state grants; directed McKellar Technology Center, the recipient of the Mississippi Tech Prep Exemplary Site Award for 2004; and served as principal of Columbus High School, directing the educational programming for 1,400+ students while managing 105 teachers and staff.

A goal-oriented individual with strong leadership capabilities, LaNell is a detail-directed problem solver with proven ability to work in unison with staff, volunteers, and diverse constituencies to direct complex projects from concept to fully operational status. She is a competent researcher, interviewer, and facilitator.

ABOUT THE INSTITUTE:

Elected to the United States Senate in 1947 with the promise to "plow a straight furrow to the end of the row," John C. Stennis recognized the need for an organization to assist governments with a wide range of issues and to better equip citizens to participate in the political process. In 1976, Senator Stennis set the mission parameters and ushered in the development of a policy research and assistance institute which was to bear his name as an acknowledgment of his service to the people of Mississippi.



Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, group affiliation, or veteran status.