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# Current Activity at the Federal Level and the Need for Service Integration

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*Points of view or opinions expressed in this article are those of the authors and should not be construed as representing the official position or policy of the United States Department of Health and Human Services or any office therein.*

## Abstract

Within the U.S. Department of Health and Human Services and among the domestic cabinet agencies—most notably, Education, Labor, and Housing and Urban Development—a comprehensive service integration initiative is under way. This initiative focuses on strengthening families faced with challenging social, economic, and health problems. Earlier federal efforts focused on improving program administration. These efforts were part of a top-down approach in which the federal government dictated changes to state and local governments and clients had little choice or decision-making control. Current service integration efforts employ a two-pronged strategy whose objectives are not only to improve outcomes, but also to enable families to become as self-sufficient and independent of government programs as possible. Though federal efforts focus more on integration of services than on school-linked services specifically, the authors see the schools as being in the pivotal case management position to increase access to services. A major thrust of DHHS service integration activities over the next few years will be through collaborative arrangements with state and local agencies. A new resource center will provide technical assistance to state and local agencies, acting as a clearinghouse for information about past and present community service integration efforts.

**D**espite federal programs designed to assist families faced with unusually challenging social, economic, and health problems, many families are unable to access the services and supports they need to function independently. To improve this situation, the U.S. Department of Health and Human Services (DHHS) has identified the integration of services to families as a major program management direction. In addition, the department has expanded the traditional emphasis of service integration to include the goal of giving families greater choice and control in both identifying the specific social and economic opportunities they wish to pursue and defining the services that will be provided.

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The primary focus of this article is the relationship between government programs and individual Americans within the context of the family. The family is the fundamental social institution of our society. To be successful, society needs strong families to accomplish many of our most important cultural and social tasks: (a) nurturing the development of children and providing intergenerational care for elderly family members; (b) parenting and the socialization of children and adolescents; (c) ensuring the basic economic self-sufficiency of the family unit; and (d) transmitting religious, moral, and ethical values and attitudes (including the work ethic and the concept of personal responsibility) to the next generation.

A comprehensive service integration initiative focused on strengthening American families is under way both within DHHS and among the domestic cabinet agencies—most notably, Education, Labor, and Housing and Urban Development. In the opinion of the authors, schools—especially the public schools—are in a pivotal case management position in terms of increasing access to services, since schools have ready access to large numbers of children and their families who may be in need of services.

## A Multiplicity of Problems and Needs

Research and program administration experience strongly indicate that an individual's problems interact within the context of a whole family. Unfortunately, economic and social factors have seriously eroded the integrity and functioning of

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the American family. This erosion appears, in turn, to have contributed significantly to the rapid expansion of a wide range of social problems involving children and youth. These problems include (a) poor social and academic develop-

ment; (b) poor physical and mental health, including the existence of chronic conditions; (c) abuse of drugs and alcohol and conditions related to this abuse; (d) exposure to domestic and community violence and abuse; (e) teenage pregnancy and the need to assume parental responsibilities prematurely; (f) limited employment preparation, opportunities, and role models; and (g) family disorganization and dysfunction.

The needs generated by these multiple problems cut across categories of service and involve health, mental health, education, employment, housing, nutrition, and social services. Family-related problems are compounded by the fact that the most severely affected families typically live within a community with its own multiplicity of problems: weak labor markets; substandard schools; unsafe, deteriorating neighborhoods; and a pervasive drug culture and related violence. Program administration experience strongly indicates that progress on any of these fronts is often seriously compromised or blocked out-

right by the inability of such families to gain access to needed services in a coordinated and continuous fashion.

## The System as Part of the Problem

DHHS currently oversees several hundred categorical programs that provide benefits and services to individuals and families. Faced with what appears to be a complex web of agencies and professionals with vastly differing roles and missions, families are frequently unable to navigate the system successfully. Even sophisticated family members and experienced professionals may have difficulty determining which agency has the responsibility or expertise to respond to a particular family need. The list that follows cites the navigational or system problems that impede families from gaining access to needed benefits and services.

1. *There is no single point of access at the community level.*

2. *Individual agencies and programs fail to use a unified, interrelated, or holistic approach to meeting family needs.*

Multiple services and programs are needed to meet an individual's as well as a family's problems in a coordinated way. For instance, to serve an individual child requires meeting the child's needs as well as the needs of family members whose own problems affect the child. The fragmented approach—that is, the current practice of individual programs trying to meet multiple needs—is often a result of disjointed service planning, fragmentation of roles within the helping professions, and inappropriate program structures and procedures, such as establishing an office that is too far from those who need to use it or hours that are inconvenient for clients.<sup>1</sup>

3. *Administrative obstacles within programs make it difficult to deliver services effectively.*

Integration and coordination of services are inhibited or prevented by conflicting program goals, eligibility criteria, and administrative procedures. The result is that the multiple, cross-categorical needs of individuals and families are being addressed by unidimensional, categorical programs. The fact that programs are organized to serve a particular clientele makes it difficult to actually meet multiple needs. An individual or family in need of health, education, counseling, employ-

ment, and other services must access a variety of independent programs to meet these needs. These programs often have varying eligibility requirements, conflicting hours and locations, and no overall coordinated case management for the whole individual or family. Typically, programs are developed without client input and without a community-based mechanism to provide client feedback.

4. *Some categorical programs actively discourage or penalize efforts by families to assume personal responsibility, because they terminate services or benefits when families are just beginning to demonstrate success.*

For example, consider a male child who has been supported by his mother with Aid for Families with Dependent Children (AFDC) funds and who has completed schooling. He is no longer eligible for AFDC support after age 18; he is cut adrift at the point where job training programs begin and before he can be employed, creating a gap in needed services.

5. *There is no single point of accountability in the system.*

The needs of different family members are not simultaneously recognized and treated, since each program serves a specific group and there is no formal connection or coordination among programs. As a result of the fragmentation of agency responsibility, needed services and benefits are inappropriately delayed, interrupted, or terminated. For example, suppose child protective services removes an abused child from the parental home and places the child temporarily in foster care. Without treatment for the abusive parent (which usually must be provided by an entirely different program which has no formal link with child protective services), the child will eventually return to the same home with the same abusive parent—a parent whose own problems have not yet been addressed.

## An Evolving Concept of Service Integration

Service integration is a strategy to remove administrative and programmatic barriers that inhibit service and to design a system in which the comprehensive needs of a family can be holistically addressed. Earlier service integration efforts focused on improving program administration, such as the Department of Health, Education, and Welfare's (DHEW's) Service Integra-

tion Targets of Opportunity program (45 research and demonstration projects funded between 1972–1975), and DHEW's Partnership Grants Program (80 demonstration projects funded between 1974–1977). The first major effort in this regard was commissioned by the former Secretary of the Department of Health, Education, and Welfare, Elliot Richardson. He asked Richard Darman (currently director of the Office of Management and Budget) to examine the issue of service integration, which resulted in the following operational DHEW definition:

Service integration refers primarily to ways of organizing the delivery of services to people at the local level. Service integration is not a new program to be superimposed . . . rather, it is a process aimed at developing an integrated framework. Its objectives must include such things as (a) the coordinated delivery of services for the greatest benefit to people; (b) a holistic approach to the individual and the family unit; (c) the provision of a comprehensive range of services locally; and (d) the rational allocation of resources at the local level so as to be responsive to local needs.<sup>2</sup>

### The Top-down Approach

Between 1971 and 1985 numerous demonstration projects and technical studies were funded. These efforts encompassed a wide range of goals and outcomes and involved a variety of services, populations, and levels of involvement. Many were free-standing efforts to improve the capacity of state and local governments to plan and manage their social services programs. Others focused both on improving services to clients and improving accountability and rational allocation of resources.

One shortcoming of these service integration efforts, in our judgment, was that they represented a top-down approach. Changes were dictated from the federal government to state and local governments and programs; the clients—individuals and families—had little choice or decision-making control.

### A New, Two-pronged Strategy

Current DHHS service integration efforts focus on a two-pronged strategy for maximizing the independence of families from government programs. This strategy seeks not only to improve program outcomes (such as sustained employment and improved health), but also to increase family

self-sufficiency through direct involvement of the family in the planning and evaluation of services. The strategy calls for a client-centered, decision-making model that will provide information to individuals and families on all the service options available to them, along with technical assistance in implementing selections. Clients will set their own goals and choose services based on requirements, features, and so on. The clients may even observe programs in action before deciding to participate.

Under this strategy, school-linked service or integrated service programs will ensure that parents will (1) be involved from the start, (2) be informed of all of the services available to them and their children, (3) choose which of these services they would like for their children and themselves, and (4) have the right to consent to or veto any services suggested by staff providing technical assistance. In the process of services selection an attempt would be made to make the eligibility and funding restrictions more flexible in order to accomplish these objectives. In the last quarter of 1991 eight national, model demonstration programs that take this approach were funded by DHHS.

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This expanded concept of service integration places new emphasis on personal responsibility and choice and necessarily redirects the emphasis of service integration from caretaking to enabling. The DHHS model abandons the view that the service provider or program staff person knows what is best for clients. Furthermore, the client's participation in the selection process enhances the possibility of a successful outcome. An important part of this new vision is the stress on strengthening families by expanding their choice and control over the coordinated planning and delivery of government-funded services. To state it succinctly, the expanded concept incorporates the philosophy that families should be allowed to play a central role in selecting what they need and where they will get it.

## The Need for Significant Change in the System

In practice, major changes in the structures and operating styles of several service systems will be required if families are to access the critical mass of services they need to attain improved social integration and economic self-sufficiency without the ongoing intervention of government.

### A Community-based Support System

Key to this systems change is the creation of a neighborhood school- and community-based support system, which stresses personal responsibility and adopts a comprehensive approach to meeting the needs of families. This system should also promote independent, volunteer-driven “points-of-light” efforts and an active and competitive market of for-profit and not-for-profit community services. In addition,

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the system should ensure that complete and accurate information concerning both opportunities and needed services is readily available. Such a comprehensive system will include integration of service planning, service delivery, and financing; service continuity; access to the overall support system from any point of entry; and system-wide accountability for every individual and family receiving support.

### An Important Strategy Shift

If government support programs are to be redesigned to shift the central strategy from *taking care of* those who are served to *enabling* the same individuals and families, primary government responsibility must shift from the federal government to state and local governments, volunteer organizations, and the private sector. Earlier efforts at federalism, although described as a partnership, have tended to be driven and dominated by federal priorities and federally sanctioned strategies and approaches. State and local innovation has frequently been confined to the competition for scarce discretionary grant resources available only for these purposes.

In contrast, the current DHHS service integration initiative seeks to support state- and community-based efforts to improve service delivery through a series of collaborative approaches.

## The Current DHHS Service Integration Initiative

The DHHS service integration initiative includes several current activities, including some cabinet-wide initiatives.

### A Resource Center for State and Local Agencies

The major thrust of DHHS service integration activities over the next few years will be through collaborative arrangements with state and local agencies. The department currently is in the process of funding, at a level of approximately \$300,000, a new resource center on integration of services for families. This center will provide technical assistance to state and local agencies involved in systems change initiatives by collecting information on all programs in the country (funding, governance, how a program solved a particular logistical problem, and the like) and act as a clearinghouse for information about past and present community service integration efforts. The center will provide advice on how to improve programs and how to reorganize a program to provide cross-services integration. A major responsibility of this new center will be to support states and localities that are pursuing restructuring to improve service integration.

### Support for Service Integration Systems, Including School-linked

As part of the second round of the Family Academy program administered by the Council of Governors' Policy Advisors (CGPA), DHHS will work with, and provide partial funding for, CGPA and 16 Family Academy states (work with 10 states is already under way) to develop new, comprehensive child-oriented service integration systems, often with clearly defined school linkages.

DHHS will also continue to provide ongoing consultation and support to several locally based strategies for promoting service integration systems change through public-housing-based and school-linked programs. In the summer of 1991 the department expanded this effort by providing approximately \$600,000 to fund a series of service integration cluster planning grants. These grants link groups of

urban and rural communities that are attempting to use service integration strategies to restructure the provision of services to families and children. The communities have formed a consortium under one agent or organization whose role is to facilitate the exchange of information and to provide technical assistance across sites. Client choice of services will be a central theme in the development of each of the models that is produced by the cluster members. In effect, this series of grants is one of the most focused efforts to date to foster individual choice and control.

In another effort, the department is providing extensive technical assistance in the form of consulting services to several states and localities in regard to the development of comprehensive early childhood and school health programs. The state of California, and the Chicago and New York City school systems are among those now receiving consultative support. In addition, DHHS, in conjunction with the Department of Education, is providing technical assistance in the form of consulting services for the state of West Virginia and the cities of Memphis, Tennessee, and Cincinnati, Ohio. DHHS staff assist in screening answers to questions about regulations, obstacles, requests for exceptions, eligibility waivers, and other matters of concern to states trying to integrate services. The programs that result from this effort are expected to be financed, in part, by the Medicaid,<sup>3</sup> Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services,<sup>4</sup> and the Maternal and Child Health Services Block Grant.<sup>5</sup>

Based on the needs of each community, comprehensive programs in schools can prevent, detect, and treat children's health problems. Such services can enhance the school environment so all children receive the best opportunity to learn. Coordination with community health centers in the target communities is an important part of this collaborative strategy.<sup>6</sup>

#### **New Community-based Program for Minority Males**

DHHS is also funding the Community Coalition Demonstration Program for Minority Males, a new grant program operated by the Office of Minority Health. This coalition will provide support totaling approximately \$3 million for demonstration programs. The programs will involve multiple services providers with a community-based and school-linked focus (including

health, education, and related services) and are intended to serve at-risk minority males. In early fall 1991 the department awarded the first set of grants, which totaled approximately \$700,000, under a new initiative designed to demonstrate and evaluate community-based, nonresidential service integration programs for criminally at-risk youth. These projects must be school-linked and focus primarily on helping young men hold jobs and live independently.

#### **Comprehensive Services to Combat Infant Mortality**

In addition, DHHS attempts to provide comprehensive health-related services to combat infant mortality. The rate of infant mortality in the United States, though declining, is still very high for an industrialized country. For infants of African-American families, the mortality rate is especially high. In response to this serious problem, the administration has launched the Healthy Start initiative, an intensive, community-focused service integration effort to expand prenatal care and nutrition services in at least 10 communities for women with exceptionally high infant-mortality rates. Healthy Start is a major service integration demonstration program administered by the Health Resources and Services Administration. Its goal is to reduce infant mortality by 50% within 5 years in areas of the United States where the rate is approximately twice the national average. Healthy Start will involve coalitions of medical and social services providers within a geographically defined area (for example, within contiguous neighborhoods) to improve access to comprehensive, coordinated, community-based services for maternal and infant care. Services to be integrated by the program include family planning, pregnancy testing, prenatal care, care during and after delivery, pediatric care, social services, outreach, home visits, child care, transportation, risk assessment, dental care, and nutrition.

#### **Other Cabinet-wide Service Integration Activities**

Last year, the President established a cabinet-level Empowerment Task Force, with members from most domestic departments, including Housing and Urban Development, Health and Human Services,

Labor, Education, Justice, Agriculture, the Treasury, the Interior, and the President's Domestic Policy Council. The purpose of this task force is to develop recommendations for maximizing the opportunities and choices realistically available to each American and American family with respect to economic productivity and self-sufficiency, independence, and social participation. An important goal of this task force has been to develop effective strategies for removing statutory and regulatory requirements that preclude or inhibit innovative efforts by state and local governments to improve service access, coordination, and quality.

### Service Integration Work Group and School-linked Services

The Empowerment Task Force has established a Service Integration Work Group to identify successful service integration strategies, including school-linked services, and to design and coordinate an interagency program. As part of this effort, DHHS has taken the lead, working in collaboration with all the other domestic cabinet agencies. The work group is developing an automated database that contains detailed information on all federal domestic benefit and service programs. When completed later this year, this personal-computer-based system will allow state and local service staff and individual families to understand the entire range of federally supported benefits and services for which they may be eligible or those that may be used to respond to different needs and problems.

### Implementation of National Education Goals

As the President and the governors of the 50 states agreed in the fall of 1989, National Education Goal #1 of the AMERICA 2000 Education Strategy stipulates that, by the year 2000, *all children in America will start school ready to learn.*<sup>7</sup> Children begin school "ready to learn" if they are immunized, healthy, well fed, and emotionally secure; if they can socialize with other children and adults; and if they appreciate the importance of learning. In working towards these goals, the Department of Education is sponsoring various integrated service activities, including school-linked, that involve interagency collaborations and that support research centers and family literacy programs (see the chart on the opposite page).

Education Secretary Lamar Alexander asked DHHS Secretary Louis Sullivan to implement the fourth track—*each of our communities must become a place where learning can happen*—of the four-part strategy to implement all six education goals outlined in *AMERICA 2000.*<sup>7</sup>

Secretary Sullivan announced the DHHS School Readiness Initiative on July 18, 1991. This initiative will be chaired by Secretary Sullivan, Secretary Alexander, Governor Booth Gardner of Washington, James Renier of Honeywell, and David Hamburg of the Carnegie Corporation. Major activities within the overall initiative include the Healthy Start program; identification of best practices; and a new school readiness demonstration program. The demonstration program is jointly funded by federal agencies and private foundations that make up an advisory

### AMERICA 2000: An Education Strategy

**For today's students,** we must radically improve today's schools, all 110,000 of them—make them better and more accountable for results.

**For tomorrow's students,** we must invent new schools to meet the demands of a new century—a New Generation of American Schools, bringing at least 535 of them into existence by 1996, and thousands by decade's end.

**For those of us already out of school and in the work force,** we must keep learning if we are to live and work successfully in today's world. A "Nation at Risk" must become a "Nation of Students."

**For schools to succeed,** we must look beyond their classrooms to our communities and families. Schools will never be much better than the commitment of their communities. Each of our communities must become a place where learning can happen.

Source: *AMERICA 2000: An Education Strategy*, U.S. Department of Education, Washington, D.C., 1991.

## School-linked and Other Integrated Service Activities of the United States Department of Education

### AMERICA 2000

Implementing the AMERICA 2000 Education Strategy. Seeking through legislation to maximize program flexibility in order to better serve students and families with fewer categorical requirements for eligibility and resource utilization. Promoting community-wide strategies to improve education, some of which may include service integration.

### Interagency Collaborations

Participating in the White House Empowerment Task Force's Work Group on Services Integration.

Carrying out a joint study of school-based and non-school-based, comprehensive service models for at-risk children and their families (joint project with the Department of Health and Human Services). Providing technical assistance to new collaborative efforts in the state of West Virginia and the cities of Memphis and Cincinnati.

### Research Centers

Funding several research centers that are actively investigating the integrated service approach. Examples are the National Research Center on Families, Schools, Communities, and Children's Learning (Boston), which is carrying out an evaluation of New Jersey's statewide comprehensive service program; the National Research Center on Education in Inner Cities (Philadelphia); and the National Research Center on the Study of Organization and Restructuring of Schools (Madison, Wisconsin).

### Family Literacy Programs

Funding of 123 Even Start family literacy projects, many of them school-linked, to provide adult literacy training, appropriate developmental early childhood education for the children of these adults, and to encourage parents to reinforce their children's learning.

### Publications

Carried out study: *Services Integration for At-Risk Children: A Framework for Research*. Available from the U.S. Department of Education, Planning and Evaluation Service, Washington, D.C. 20202.

Preparing a guidebook to assist communities interested in designing integrated service programs linked to schools (joint project with Department of Health and Human Services). Expected to be completed and available to the public by fall 1992.

panel. The program examines the integration of preventive and environmental health services, education, nutrition, and child welfare services to maximize the school readiness of all children.

## Conclusions

This article has presented some of the more significant efforts DHHS has under way to promote service integration. They are all designed to foster the integrity of

the family, to provide holistic approaches to service needs, and to increase individual choice and control. The keystone of the strategy guiding current federal efforts is the shift from taking care of clients to enabling individuals and families to choose those services they need. This shift in primary responsibility translates to a shift from federal control in delivery of services to control at the state and local levels—including volunteers and the private sector—and by clients themselves.

1. For example, a child who is behind in school may receive remedial instruction, but this may not solve the child's academic problems if problems at home, such as a parent's substance abuse, affect the child's performance at school. Or, a youth with a severe behavior problem, if lucky enough to be noticed by a school counselor, might be scheduled for an appointment at a community mental health center across town. To reach this center, the client may have to cross hostile gang territory where no transportation is available. If the youth survives this trip to the center, he or she may be expected to wait for 2 hours for a therapist to keep the appointment and then be expected to keep future appointments without a follow-up support system.
2. Richardson, E. From a statement made in July 1971 and quoted in Department of Health and Human Services, Office of Inspector General. *Services integration for families and children in crisis*. Washington, DC: OIG (OEI-09-90-00890), January 1991.
3. Through the Medicaid program (established by Title XIX of the Social Security Act), the federal government provides open-ended, matching payments to states to cover part of the cost of medical services for families with dependent children and for certain other children and low-income pregnant women. Each state designs and administers its own program and has considerable latitude in setting policies regarding eligibility, benefits, and payments to providers of services.
4. The EPSDT program was established by Title XIX of the Social Security Act. The Omnibus Budget Reconciliation Act (OBRA) of 1989 amended section 1902(a)(43) and section 1905(a)(4)(B) and created section 1905(r), which set forth the basic requirements of this program. Under the EPSDT program, states must provide for health screenings and vision, hearing, and dental services at intervals that meet reasonable standards of medical and dental practice. Additionally the act requires that any service covered by Medicaid, if the service is necessary to treat or ameliorate a condition identified by a screening, must be provided to EPSDT participants regardless of whether the service or item is otherwise included in the state's Medicaid plan.
5. Established by Title V of the Social Security Act, the Maternal and Child Health (MCH) Services Block Grant, under EPSDT, helps states ensure that mothers and children—in particular, those with low incomes or with limited access to health services—receive quality services. States plan and administer their own programs. Under the matching requirement for MCH funding, states must provide \$3 for every \$4 of federal money allocated to the program. MCH is prevention-oriented. Funds may be used for immunization, for prenatal and postnatal care, and for diagnostic and treatment services that target high-risk women, infants, and children.
6. The Community Health Center Program is administered by the Bureau of Health Care Delivery and Assistance, which is within the Health Resources and Services Administration of the Public Health Service. The centers established by the program provide direct and preventive health care and family-oriented, holistic case management of related services. Many offer "one-stop shopping" by providing numerous services—including the Department of Agriculture's Women, Infants, and Children Nutrition Program—at or near the center. Other centers are outstations for state Medicaid eligibility workers.
7. U.S. Department of Education. *AMERICA 2000: An education strategy*. Washington, DC: U.S. DOE, 1991.