



ARAPAHOE COUNTY
COLORADO'S FIRST



Boulder County
Colorado

The Human Services Value Curve

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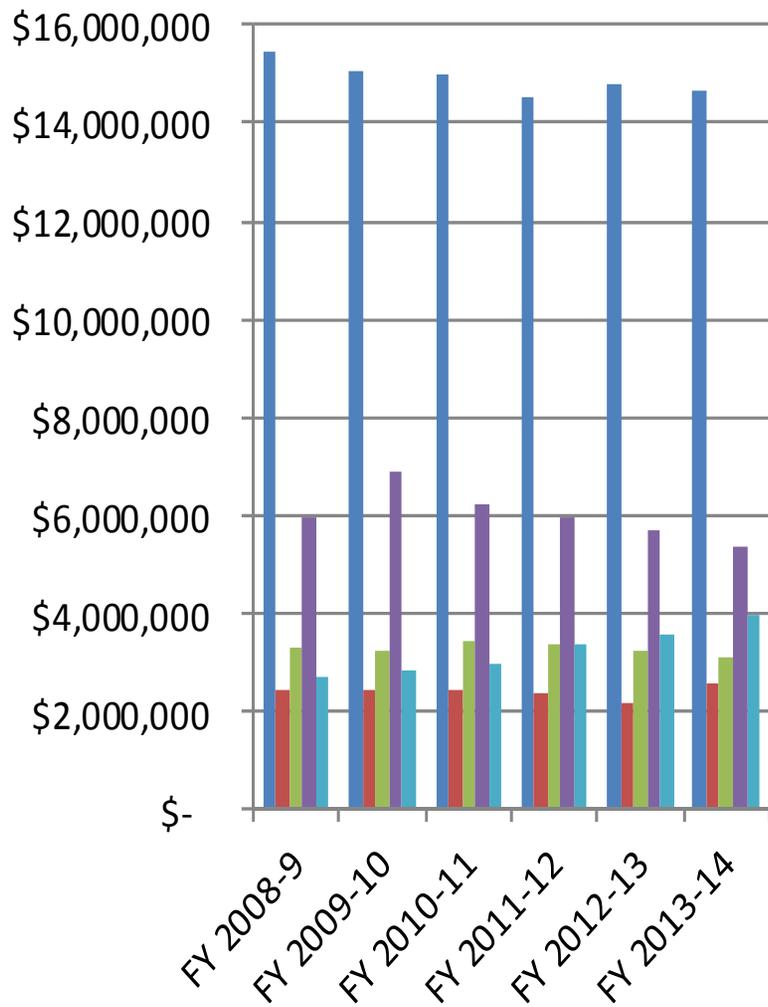
Agenda

- Operational Context and Integration Process
- Human Services Value Curve
- Social Determinants and Prevention
- Questions

Introduction

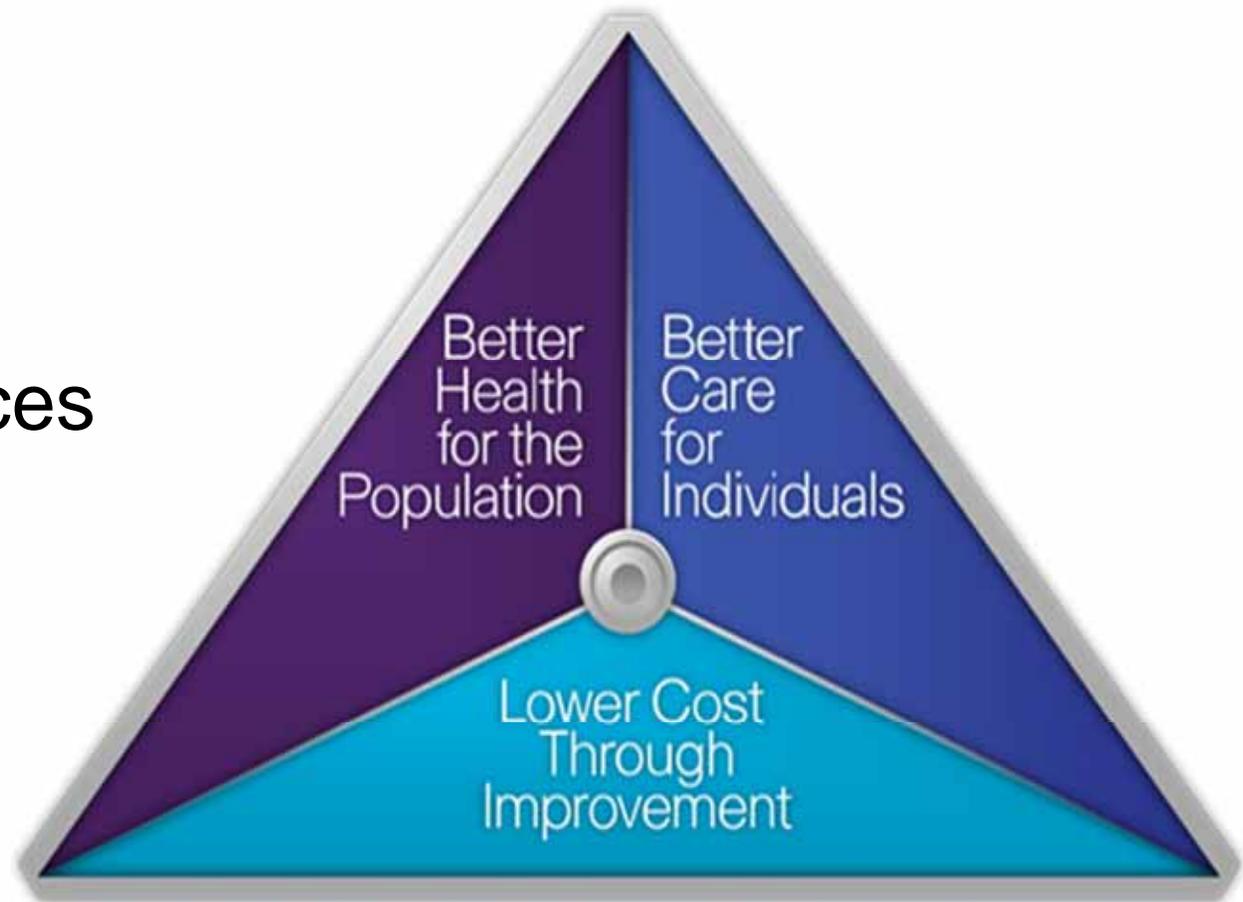
- Why do we need this model?
- Assumptions
 - We collaborate between our departments
 - We collaborate with our community partners

Decreasing Funding & Increasing Need



Transformation Across Systems

Mental Health
Public Health
Education
Human Services



Frank

Responding to Colorado Disasters

Over 10,500 homes
damaged/destroyed

September 2013



\$2 billion in
damage to
infrastructure,
homes and
property
(FEMA)



169 homes
destroyed

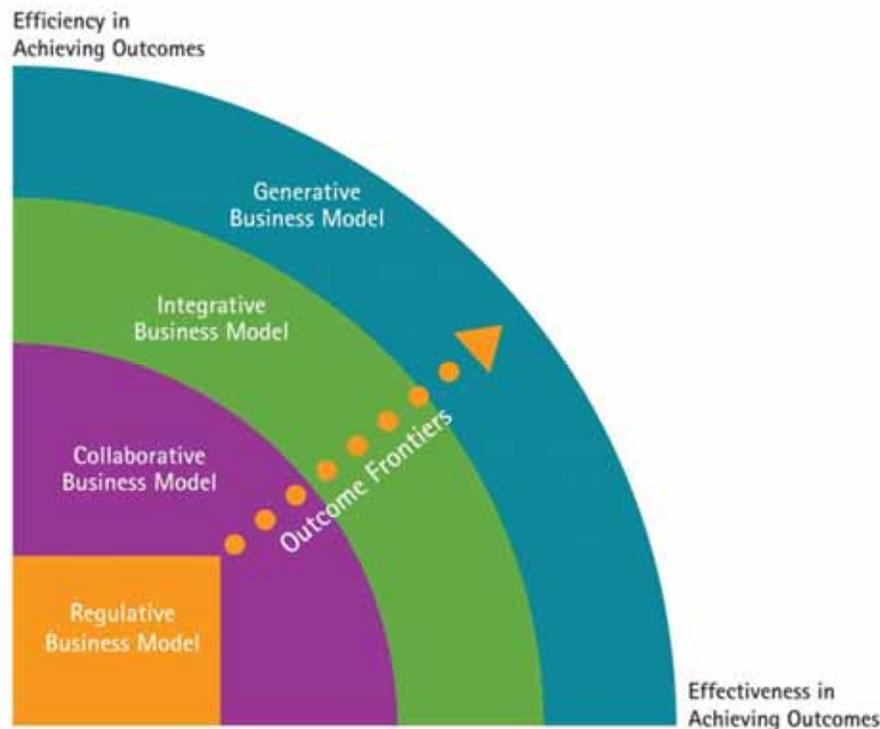


\$217 million in
damage to homes
and property

September 2010



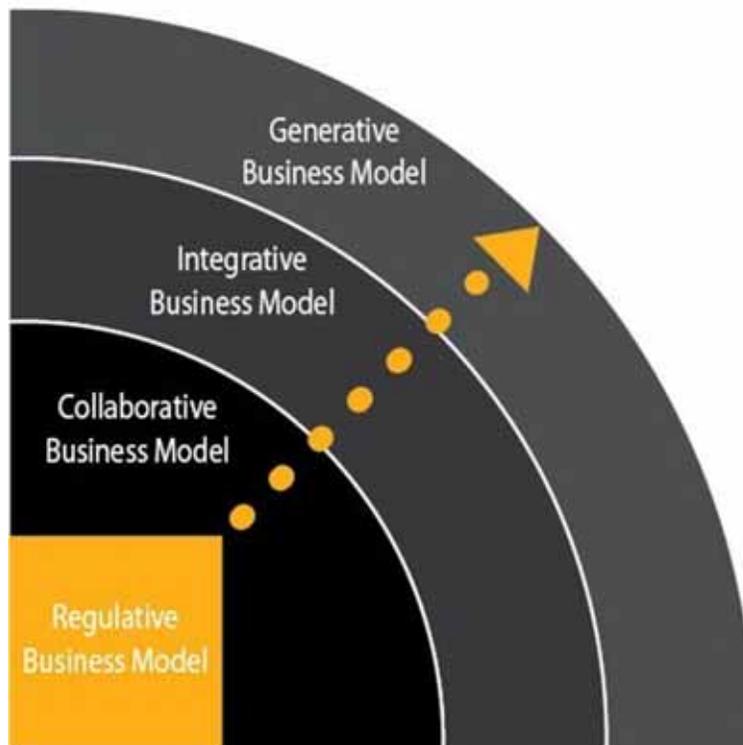
Human Services Value Curve



- In traversing the curve, the enabling business models and competencies of the human services organization mature and improve the organization's ability to deliver broader and more valuable outcomes.

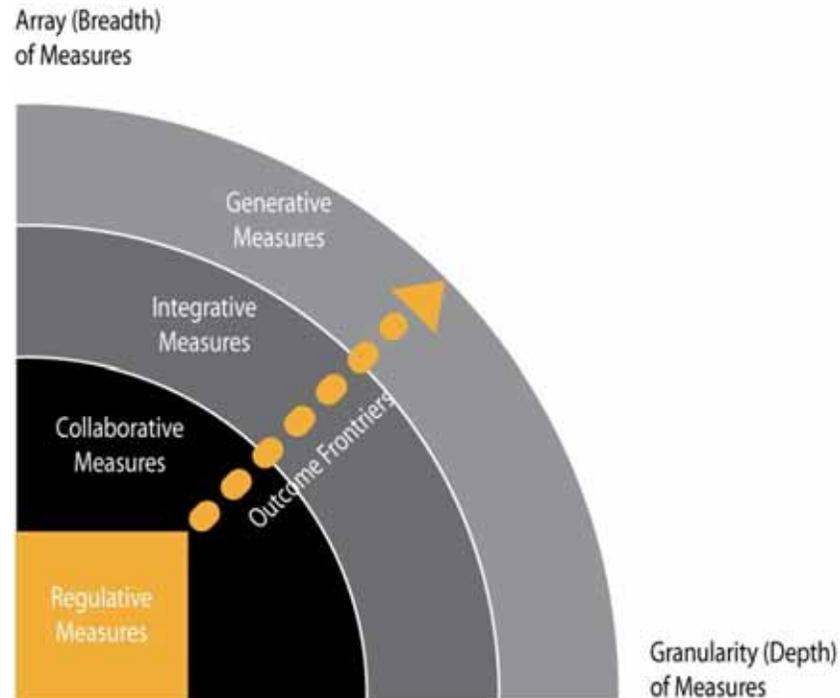
Frank

Regulative Business Model



- This level serves as a baseline – all human services organizations start here and must meet this level in order to comply with program requirements.

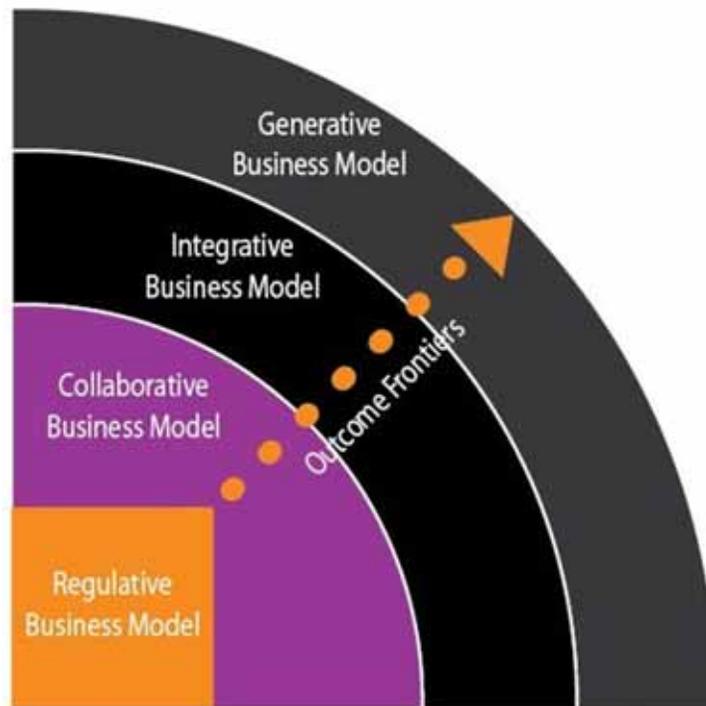
Regulative Impact



- Measures of the inputs and outputs (such as program investment, number of families receiving services, percentage of cases closed in a given time period, etc.) that describe and quantify the activity and basic trends of a human services program or organization over time.

Cheryl

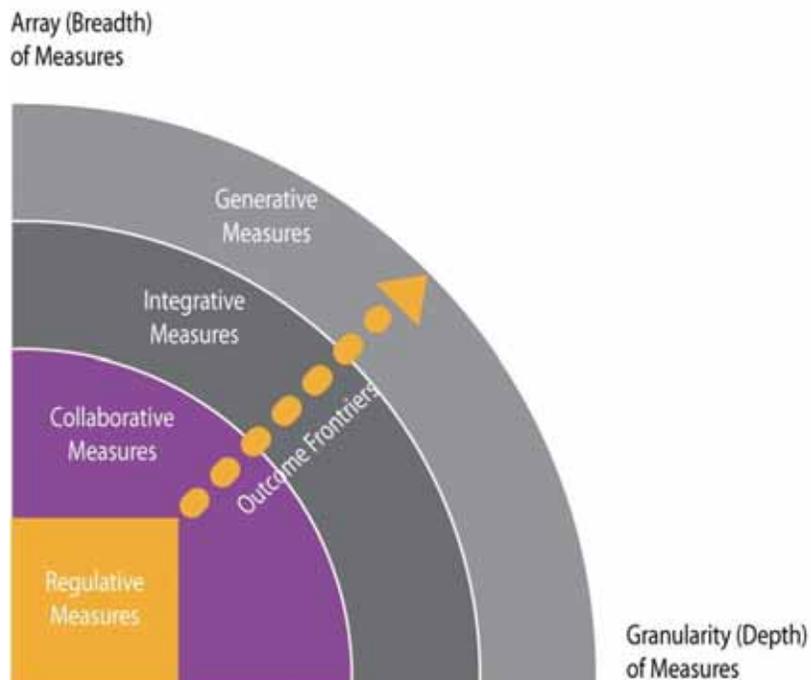
Collaborative Business Model



- As a human services organization progresses to a “Collaborative Business Model,” the focus expands beyond program “silos” and categorical management to support constituents in receiving all the services for which they are eligible and helping them address immediate needs.

Dan

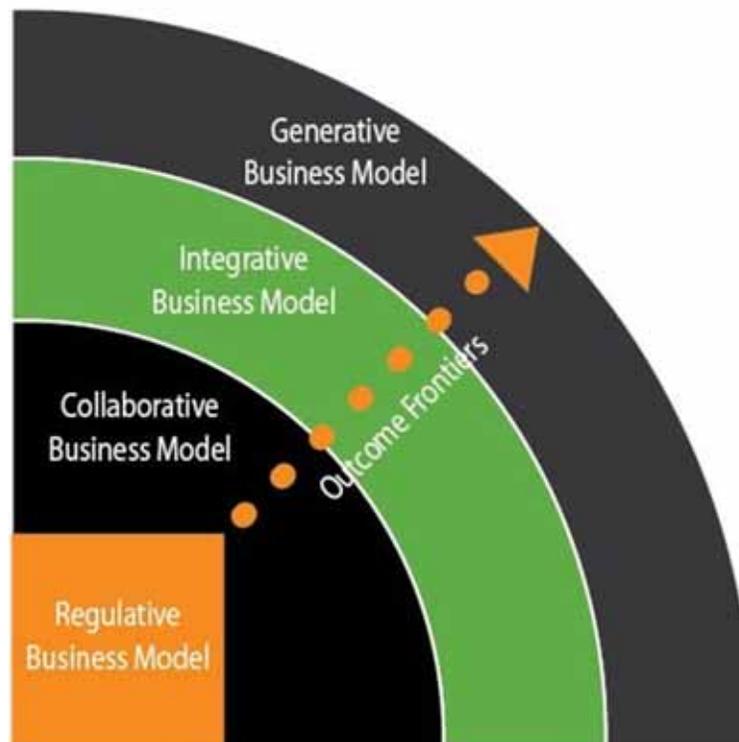
Collaborative Impact



- Measures of how a human services program has achieved broader outcomes (such as a client achieving self-sufficiency as opposed to leaving a program as a result of non-compliance) for individuals and families by capturing, correlating and communicating deeper data and detail.

Dan

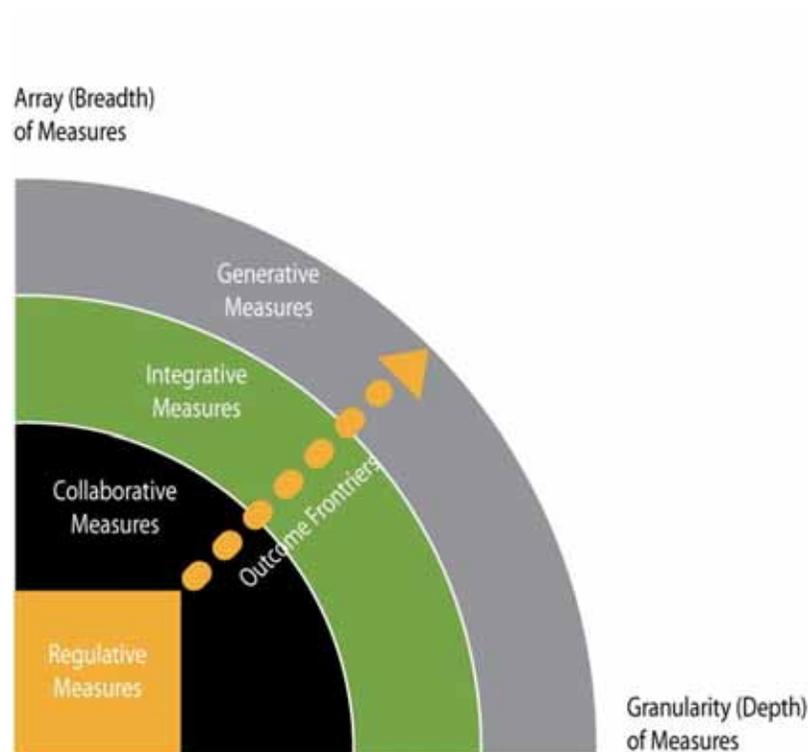
Integrative Business Model



- With an “Integrative Business Model,” the focus broadens to complete integration of multiple programs and services in order to improve customer service, increase participation and support data- driven policy and decision making.

Frank

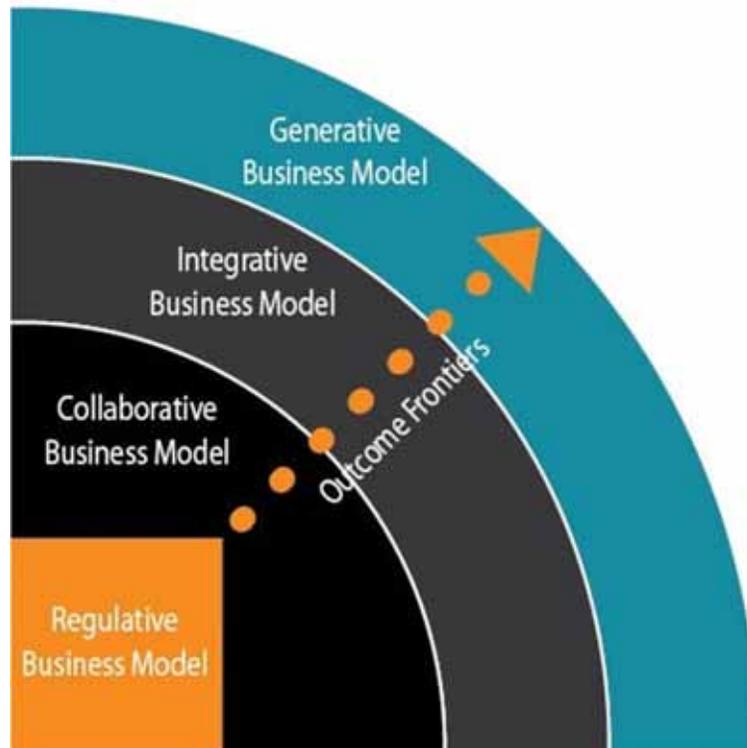
Integrative Impact



- Measures that leverage trend and root cause analysis in order to forecast future performance and expected effects (such as families most likely to benefit from new forms of case management and services) of new interventions and program innovation.

Frank

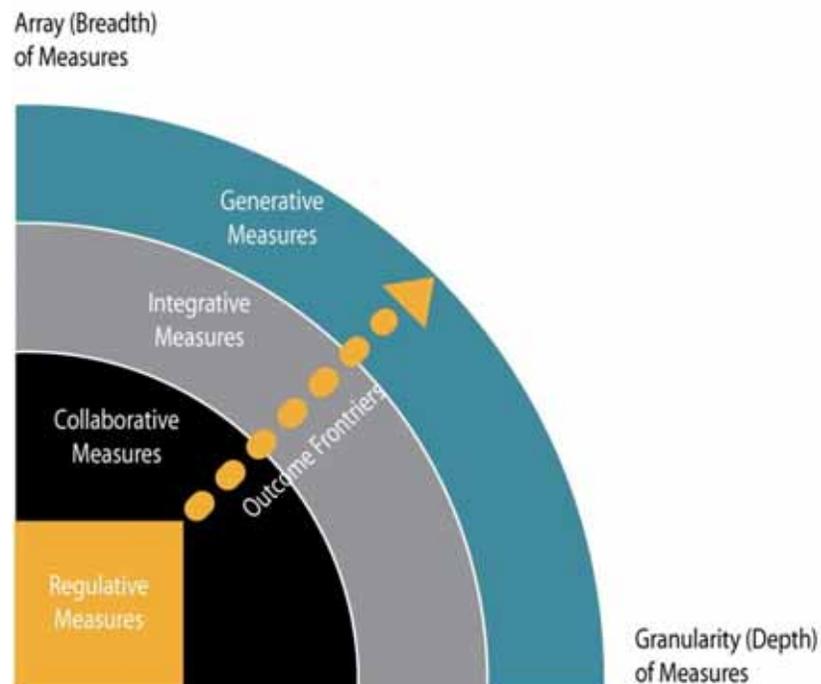
Generative Business Model



- At this level the focus of the human services organization expands to address multi-dimensional family problems, socioeconomic issues and opportunities required to generate long-term individual and community success.

Cheryl

Generative Impact



- Measures of the human services system-wide generative effect that enable new valuation and solutions (such as performance-based contracting, pay-for-success options, etc.) and improved service design, (creating, starting and ending programs) development and delivery.

Cheryl

Features of the Generative Model

HEALTH AND HUMAN SERVICES INTEGRATION MATURITY MODEL				
Based on APHSA's 21st Century Health and Human Services Business Model ¹				
MATURITY LEVELS				
Adapted from <i>The Human Services Value Curve</i> ²				
	1 - REGULATIVE	2 - COLLABORATIVE	3 - INTEGRATIVE	4 - GENERATIVE³
Consumer Access Channels	Access to services is the responsibility of the consumer through direct person-to-person contact at the local office, although some information may be available on-line.	Access to services is a joint responsibility between the consumer and the collaborating organizations. Guidance regarding available complementary services is provided to the consumer by the collaborating organizations.	Access to services is a joint opportunity between the consumer and the enterprise, with the latter helping the consumer navigate the service system through the setting of decision points for choices that lead the consumer toward health and wellness.	Access to services is comparable to the best that can be found in the private-sector retail marketplace. Seamless technologies incorporating the latest advances in consumer access channels are utilized, including readily accessible 24x7 Call Centers.
	Use of technology is focused on processing transactions and reducing administrative costs.	Use of technology is focused on facilitating data exchanges between collaborating organizations. Web-based technologies such as electronic consumer portals, central data repositories, and document imaging and digitization of case records facilitate consumer access and enrollment.	Use of technology is focused on enabling consumers and staff to effortlessly navigate a variety of access channels across the enterprise. Enterprise service busses, master client indices, workflow management and identity management tools, automated account creation technologies, and readily available case notes that can be shared with others (within consumer privacy constraints), are used widely.	Use of technology is focused on enabling the enterprise to work collaboratively with the consumer as "choice architects". Online portals, smart phones, tablets, and kiosks work together seamlessly with traditional service centers and personal referrals. Community-based organizations serve as portals and extensions of government. The enterprise serves as a "beta test site" for innovative approaches to enhancing existing and generating new consumer access channels.

Current County Examples

- Douglas and Arapahoe County Family Resource Pavilion
- Boulder County Community of Hope Initiative

Family Resource Pavilion



Cheryl
and Dan

Family Resource Pavilion



Family Resource Pavilion

Family Resources Pavilion



OFFERING A FULL CONTINUUM OF FAMILY CENTERED SERVICES

- Preventative Services ELIMINATING POTENTIAL ISSUES AND RISKS
- "Front Load" Service EXTENSIVE ARRAY OF SERVICES INTENDED TO PREVENT FURTHER PENETRATION INTO THE SYSTEM
- Ongoing Support ASSIST WITH THE TRANSITION
- Education & Day Treatment EDUCATIONAL SERVICES BEHAVIORAL & AUTISM SPECTRUM
- Evening Reporting Academy (ERA) ALTERNATIVES TO DETENTION & OUT OF HOME PLACEMENT
- Shelter Program ENSURING SAFETY & WELL-BEING
- Aftercare Services WRAP AROUND SERVICES
- Traditional Human Services Access to SNAP, Medicaid etc

Social Determinants of Health & Pillars of Family Stability



Boulder County: Community of Hope

Summit: September 26, 2014



Frank

Focus Groups: What's Working Well?



Building Healthy Thriving Communities

- Constant Feedback Loop
- Continuous Learning Environment
- Common Community Indicators
- Integration of Community Strategic Plans





Building Healthy Thriving Communities: Opportunities and Next Steps

- Develop fiscal and data infrastructure
- Increase efficiency and reduce cost
- Develop models for reinvestment in prevention based activities
- Target resources toward clients where greatest success and cost savings can occur
- Apply disaster/economic crisis lessons
- Develop flexible housing interventions

Generative Model

