

Department Of Health And Human Services
**OFFICE OF
INSPECTOR GENERAL**

**SERVICES INTEGRATION:
A TWENTY-YEAR RETROSPECTIVE**



Richard P. Kusserow
INSPECTOR GENERAL

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EXECUTIVE SUMMARY

PURPOSE

In the 1970's and 1980's, the Department of Health, Education, and Welfare (HEW) and its successor, the Department of Health and Human Services (HHS), have taken many initiatives to promote a more integrated management and delivery of human services. In this study, we examine those initiatives to identify major lessons learned that can help guide policymakers in the 1990's. In so doing, we pay particular attention to comprehensive initiatives which have spanned different categorical programs.

BACKGROUND

Services integration (SI) is a response to the highly fragmented nature of the human services environment. It involves efforts at service delivery and administrative levels to establish linkages that contribute to the effectiveness, efficiency, and economy of human services programs. Over the past two decades, there has emerged a considerable body of literature that describes and assesses these SI efforts. In this report, we base our findings and concluding observations on a review of much of that literature and many internal HEW/HHS documents. A companion report, "Services Integration for Families and Children in Crisis" (OEI-09-90-00890), identifies and analyzes 13 SI efforts initiated at the community level to assist dysfunctional or multiproblem children and families.

FINDINGS

SI efforts have been instrumental in making human services more accessible to clients and more responsive to their needs.

Over the long term, however, SI efforts appear to have had little institutional impact on a highly fragmented human services system.

SI efforts that cut across program areas confront fundamental barriers. They include:

1. Size and complexity of the human services system.
2. Professionalization, specialization, and bureaucratization.
3. Limited influence of integrators.
4. Weak constituency for services integration.
5. Funding limitations.

6. Insufficient knowledge.

PRINCIPLES FOR FUTURE SI EFFORTS

Given the enormity of the barriers they face, SI efforts that call for major institutional reform should be initiated selectively, if at all.

An SI strategy likely to generate more near-term success is to focus on well-defined target groups and to pursue reform primarily within categorical program areas.

Even a target-group, categorical-program approach, however, is likely to require some degree of central authority and flexible funding to generate and sustain more integrated service delivery.

A funding source granting an organization some authority and flexible funding for promoting SI should hold it accountable for defining and measuring expected outcomes.

The cultivation and maintenance of networks of individuals engaged in SI efforts is vital to the success of these efforts.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

CHAPTER I: INTRODUCTION 1

The Meaning of Services Integration 1

The Historical Background 2

CHAPTER II: OVERVIEW 5

Findings..... 5

Principles for Future SI Efforts 8

CHAPTER III: DEFINITIONS OF SERVICES INTEGRATION 10

CHAPTER IV: CHRONOLOGY OF MAJOR FEDERAL SERVICES INTEGRATION EFFORTS 11

CHAPTER V: FINDINGS FROM SELECTED NATIONAL STUDIES ON SERVICES INTEGRATION 15

APPENDIX A

Endnotes..... A-1

CHAPTER I: INTRODUCTION

During the past two decades, the Department of Health, Education, and Welfare (HEW) and its successor, the Department of Health and Human Services (HHS), have initiated many efforts to promote services integration (SI). In this report we review those efforts with the aim of determining what has been learned from them. Our presentation is a succinct one directed to Federal policymakers who are considering Federal SI initiatives that might be taken in the early 1990's.

We start out in this introductory chapter by providing some conceptual and historical context. We examine the meaning of SI and the historical backdrop of SI efforts in HEW/HHS. Then, in Chapter II, we offer an overview of our findings and of what we conclude are some basic principles that should guide SI efforts in the 1990's.

The subsequent chapters provide more detailed information that help explain and support the findings and principles set forth in the overview chapter. In chapter III, we cite various definitions of SI. In chapter IV, we present a chronology of major SI efforts in the 1970's and 1980's. Finally, in chapter V, we list the major findings from selected national studies on SI.

Throughout the report, we rely primarily on a review of the considerable literature that exists on the topic. We also draw on the files and experiences of the primary author, who has participated in many Federal SI activities over the past two decades.¹

A companion report, "Services Integration for Families and Children in Crisis" (OEI-09-00890), focuses on SI initiatives undertaken at the community level. It describes and analyzes 13 such initiatives that address the needs of dysfunctional or multiproblem children and families.

THE MEANING OF SERVICES INTEGRATION

Many years ago, the story goes, an HEW employee was assigned to a task force on services integration and, at the initial meeting, turned to the person next to him and asked why they would be examining racial integration in the armed forces. Whether true or not the story illustrates an important point: that SI has had different meanings to different people.

SI At Service Delivery Levels

In reviewing these meanings, we and others² have found it helpful to distinguish between SI efforts conducted at service delivery levels and those at administrative levels. Most definitions (see chapter III) focus on the delivery levels, where individuals and families come into contact with the service delivery system. They stress the linking of service providers or programs in order to improve the system's responsiveness to client needs. These linkages may range from the integration of core services such as outreach or intake, through the development of case management services, to the sharing and/or collocation of personnel.

In this context, SI is viewed as a response to the basic failings of the human services delivery system. In 1974, in a special report on SI issued by the American Society for Public Administration, these failings were described as follows:

The system is too fragmented, leaving clients with multiple needs unnecessarily vulnerable.

The goals of individual programs are too limited. Shaped by the categorical mandates of authorizing legislation, they inhibit broadly based, multifaceted approaches to problem solving.

The services are often provided "in an inefficient, duplicative, and bureaucratically confusing manner to those who have the need."

The services tend to be lacking in accountability and to be self-perpetuating, regardless of their effectiveness.

The service system is not sufficiently attentive to the long-term needs of clients.³

SI At Administrative Levels

At administrative levels, the focus is on linking providers and programs to improve planning, budgeting, and management operations. Here, the emphasis is on achieving greater administrative coherence, with the intent not only of facilitating service level effectiveness but also of promoting efficiency and economy.

In this sphere, SI is typically viewed as a way of using business principles to enhance accountability and productivity. Specific initiatives might range from the consolidation of various categorical programs through the imposition of more general management controls over such programs, to the conduct of joint planning and programming efforts.

At both service delivery and administrative levels, SI is a response to increased specialization and complexity. It is an effort to view human services from a higher level of generality and in so doing to spot opportunities for reform that are not readily discernible from narrower vantage points. In this sense, SI is comparable to a business firm changing its focus from shoes to footwear or from business equipment to information processing. By raising the level of generality at which it defines its products, such a firm seeks new profit-making opportunities in a changing marketplace.⁴

THE HISTORICAL BACKGROUND

In the 1960's, as the Federal Government was fighting a "War on Poverty" and increasing its investment in human services programs, it began to devote substantial attention to the coordination of services. In the Juvenile Delinquency, Neighborhood Service Center, Community Action, Model Cities, Community Mental Health Centers, Head Start, Older Americans Act, and other programs, Congress stressed the importance of coordinated planning

and service delivery. In this regard, it was pursuing objectives sought many decades earlier by the organized charity and settlement house movements.⁵

1971-1976

By the early 1970's, HEW, which had not been a major participant in the "War on Poverty" effort, began to give concerted top level attention to service coordination.⁶ There were two precipitating factors. One was the intent, supported by the President, to separate the administration of income maintenance and social services programs.⁷ With such separation, social services and how they were delivered would gain increased visibility. The other factor was Secretary Elliot Richardson's interest in initiating reforms that would foster the integration of services across categorical program areas. In speeches, Secretary Richardson often lamented that these programs were suffering from a "hardening of the categories."

In defining what he came to call "services integration," Richardson stressed the importance of the service delivery level, both as a point to make a difference in the lives of needy individuals and as the wellspring for associated reforms at higher administrative levels. During his tenure, the Secretary initiated an ambitious SI agenda involving research and demonstration projects, proposed legislation, technical assistance efforts, and internal departmental reforms (see chapter IV).⁸

When Caspar Weinberger became Secretary in early 1973, he and Under Secretary Frank Carlucci continued to give considerable attention to SI. Increasingly, however, they focused their efforts on the integrative potential of State and local general purpose governments⁹ and on the importance of strengthening the human services planning and management capacity of these governments.

In this context, both the Richardson and the Weinberger teams saw particular value in umbrella State human services agencies as spearheads for SI and, through research grants and technical assistance efforts, supported the development of such agencies. These umbrella agencies, as defined by the Council of State Government, brought together under central management (of varying degrees of authority) the agency that administers public assistance/social services and at least three other major human services programs.¹⁰ By far the most noted of the umbrella agencies was in Florida, where in 1975 the State legislature gave generalist managers in the State Department of Health and Rehabilitative Services far more control over categorical programs than in any other State.¹¹

1977-1990

By 1977, when Joseph Califano became Secretary of HEW, the Department's SI efforts were losing momentum. The proposed Allied Service Act, the keystone of prior SI agendas, had failed to pass Congress, despite repeated attempts. Further, various HEW-supported research projects and internal reform efforts were having little institutional impact.

In any case, the new Secretary's priorities were elsewhere. Programmatically, he concentrated on attempts to achieve welfare reform and national health insurance. Organizationally, he triggered internal reorganizations that stressed centralization and functional management.¹²

In the late 1970's and throughout the 1980's, the SI agenda devolved largely to State and local governments. With Congress' enactment of the social services block grant in 1975 and seven additional block grants in 1981, States faced fewer categorical program constraints and thus had greater flexibility in using Federal funds to promote SI. The Federal funding cutbacks and the economic recession of the early 1980's, however, clearly limited this opportunity. For example, a fall 1985 article on New Jersey's experience with block grants noted that the funding shortfalls had limited the State and county governments' "ability to be flexible and innovative." "The shortfalls in funding," the article went on, "have negated any positive effect the reductions of regulations and controls may have had."¹³

Further, in the 1980's, interest in establishing or strengthening State umbrella agencies waned considerably. The gains associated with such efforts appeared to be too distant or intangible to warrant the struggle to overcome the opposition they generated.¹⁴ Governors, concerned about the rising costs of Medicaid and other human services programs, increasingly exerted their influence over these programs through their State budget offices or their own immediate offices. In this regard their focus typically was not on service delivery reform but on expenditure control.

Yet, without great visibility, SI efforts continued to take place in the 1980's.¹⁵ Some of the more notable ones were sponsored by private foundations; others by governmental sources. In general these efforts seem to have been less ambitious than those of the 1971-76 era. Increasingly, it appears, they involved integration within categorical programs and for target groups, such as the aged, mentally ill, runaway youth, and developmentally disabled.¹⁶

At the HHS level, Secretary Louis Sullivan has recently taken some actions that are consistent with this target group approach and that suggest that SI is again a secretarial priority. In the fall of 1990, the Secretary announced nine program directions to be implemented in fiscal years 1991 and 1992. One calls for improving "the integration, coordination and continuity of the various HHS funded services potentially available to families currently living in poverty." Two others call for integrative efforts directed to youth and children living in poverty.

CHAPTER II: OVERVIEW

FINDINGS

In chapter V we provide a detailed review of the findings of many national SI studies conducted during the past two decades. Below, we offer at a more general level the major findings that have emerged from these and other studies. Throughout, the major focus is on comprehensive SI efforts that seek to establish administrative and service delivery linkages across program areas.

SI Efforts Have Been Instrumental in Making Human Services More Accessible to Clients and More Responsive to Their Needs.

Over the past 20 years, SI projects have made an important difference in the lives of many individuals and families having multiple service needs. In Brockton, Massachusetts; Louisville, Kentucky; Mon Valley, Pennsylvania; Honolulu, Hawaii; Hartford, Connecticut; and many other sites of demonstration projects, clients have benefited from a broadly based approach to service delivery.¹⁷ For instance, Hartford's Community Life Association project, one of the more ambitious SI research efforts funded by HEW in the 1970's, delivered a wide array of services to more than 2,000 individuals and, suggests the final evaluation report, "in ways which would not have been possible if equivalent funds were applied through previously existing channels."¹⁸

At both administrative and service delivery levels, the development of new linkages between programs and service providers has often made it easier for clients to gain access to services and for caregivers to be more helpful in providing those services. Through information and referral systems, multiagency client information systems, joint programming efforts, and the like, SI projects to varying degrees have been able to cut across the fragmented human services system and respond in a coordinated manner to the service needs of clients.

Over the Long Term, However, SI Efforts Appear to Have Had Little Institutional Impact on a Highly Fragmented Human Services System.

The failings of the human services system identified in the 1974 report of the American Society for Public Administration appear to be equally applicable today.¹⁹ Notwithstanding the new block grant programs and the continuing contributions of Head Start and many other programs that have important coordinative components, that system remains highly fragmented, characterized by multiple programs with limited goals offering services that are often duplicative, lacking in accountability, and inattentive to long term client needs.²⁰ Not surprisingly, then, a 1987 General Accounting Office study found that substantial obstacles continued to inhibit SI initiatives. Among the most frequently noted were the multiplicity of regulations associated with human services programs and the different eligibility requirements of different programs.²¹

The history of the many SI demonstration projects funded over the years is that once the demonstration funding has run out, the integrative elements have receded or disappeared altogether.²² Typically, they have exerted little institutional impact on the larger human services

system. The imperatives of specialization have proven to be more commanding and lasting than those of integration.

SI Efforts That Cut Across Program Areas Confront Fundamental Barriers.

In reviewing the SI literature produced over the past 20 years, we find that the clearest lessons learned are about the factors that inhibit services integration. These lessons can offer extremely valuable cautions to the architects of future SI efforts. Below we identify and briefly address six basic barriers that have constrained SI efforts and that help explain the highly pluralistic state of the human services field.

1. Size and Complexity of the Human Services System

In 1972, an internal HEW task force identified size and complexity as one of the major obstacles to services integration. It elaborated as follows:

The numbers of doors to open; the professional keys to open them; the mazes of paperwork and human interaction; the length of time between conception of an idea and fulfillment; the budgetary uncertainties. . . All of these, in the aggregate, create a specter that is a challenge to the most sophisticated and dedicated local advocate of integration."²³

In subsequent years, the experiences of many SI projects reinforced the validity of the task force's observation. In 1977, in a Project SHARE monograph reviewing these experiences, the author concluded that "the reality of interprogram linkages is so complex that it is difficult for anyone to anticipate the full range of possible modes of coordination and the number of possible impediments to coordination."²⁴

2. Professionalization, Specialization, and Bureaucratization

These three forces are a basic part of the human services system and, for that matter, of modern Western society. They are an interrelated set of forces that reflect the rapid advance of knowledge and a quest to apply that knowledge in a proficient, reliable manner to meet human needs. At the same time, these forces contribute to a deep commitment to established doctrines and approaches. Bureaucracy, by its very nature, reflects a bias toward the status quo,²⁵ and, as H.J. Laski pointed out 60 years ago, the "intensity of vision" associated with professionalism and specialization "destroys the sense of proportion."²⁶ In the domain of SI, project after project has found that the highly professionalized, specialized, and bureaucratic nature of the human services environment generates a mind-set among established interests that is not receptive to integrative reforms. Here, again, an early study reflected an insight that subsequent experiences have strongly reinforced. In a pioneering 1971 HEW report on SI, the authors expressed the view that "attitudinal barriers to services integration were much more significant than were resource constraints or even environmental complexity in human services programs."²⁷

3. *Limited Influence of Integrators*

In the early 1970's, those developing SI strategies at the Federal level viewed the collaboration of functional line agencies as crucial, but in itself insufficient. For SI efforts to take hold, they felt it was necessary for some integrator, having a broader perspective, to exert leadership. Thus, they emphasized the significant contributions that must be made by representatives of general purpose governments and by those directing SI projects.²⁸

The cumulative history of these projects, however, indicates that over time the integrators have limited influence.²⁹ In part, this is because of all the other barriers noted, but it is also because of the instability of the integrator roles. Leaders of SI demonstration efforts have found the career track in such roles to be extremely limited, particularly in contrast to that of their colleagues in specialized agencies. Similarly, human services generalists associated with general purpose governments have tended to have short tenures, coming and going in response to the vicissitudes of electoral politics.³⁰

4. *Weak Constituency for Services Integration*

Another barrier, one that further explains the limited influence of generalist integrators, is the weak constituency that exists for SI. The strongest constituencies within the human services field are those that rally around specific target groups, such as the disabled, the mentally retarded, and the aged, and around particular programs serving those groups. In contrast, those supporting SI efforts tend to be diffused and with rare exceptions less forceful in their advocacy.

Thus, SI has rarely been a priority among elected officials, government executives, service providers, or even clients.³¹ Whatever its substantive merits, SI has lacked the political constituency to sustain major reform, especially in heavily urban areas with a multitude of well-established service providers.³² This is a lesson that SI supporters have often learned the hard way. When their efforts have generated the conflict that is an inevitable part of the change process, they have usually found that the balance of power is not in their favor.³³

5. *Funding Limitations*

SI, its advocates have typically argued, is not a quick-fix for the failings of the human services system, but rather an investment toward enduring reform, with significant long-term impact. This investment is one that has usually called for an increased expenditure of funds, over and above those being spent on current service operations.³⁴ These additional funds have been vital to the establishment of SI mechanisms such as client information systems, collocated services, and case management arrangements.

Yet, during times of taxpayer revolts, fiscal stress, expanded client need for direct services, and heightened competition for public dollars, such investment capital has been available only on a very limited and irregular basis. This is especially true because the track record of SI efforts is that they do not appear to contribute to reductions in service costs, at least in the near term.³⁵ Thus, funding limitations have served as a major constraint to both the initiation and the continuation of SI reforms.

6. *Insufficient Knowledge*

Is SI cost-effective? Are the additional costs imposed by linkages warranted on the basis of outcomes? Are certain types of linkages more important than others? Why? Under what circumstances? Even after two decades of experimentation, few reasonably conclusive answers can be offered to these and other such basic questions. That reality continues to exert one of the most significant barriers to SI.

With varying degrees of rigor and completeness, such questions have been addressed by some individual project evaluations. At a national level, however, there has been insufficient data gathering, synthesis, or analysis to offer policymakers much guidance. In this regard, three of the major SI research and development efforts funded by HEW/HHS over the past two decades—the Services Integration Targets of Opportunity, the Comprehensive Human Services Planning and Delivery System Projects, and the Services Integration Pilot Projects—have fallen far short of their own stated intentions to contribute to the SI knowledge base.³⁶

PRINCIPLES FOR FUTURE SI EFFORTS

Those planning and conducting SI efforts in the 1990's face a challenging situation. As they look back at the efforts of the past two decades, they can find much more information on the possible pitfalls than on the particulars of how they should approach SI or on the results they can expect. Yet, although providing no easy answers, these prior experiences do offer a base of wisdom that, at least at a general level, can be instructive. We offer some principles intended to draw on this wisdom and to provide some guidance to future SI efforts at Federal, State, or local levels.

Given the Enormity of the Barriers They Face, SI Efforts That Seek Major Institutional Reform Should Be Initiated Selectively, If At All.

The HEW SI agenda of the 1970's sought far-reaching institutional reforms in the human services system. Many of the initiatives developed were comprehensive ones, spanning categorical program areas, seeking new lines of authority, and calling for a substantial expenditure of funds. Although it is possible that long-term gains may justify such expansive efforts, the prospects for generating and sustaining the necessary political, programmatic, and financial support are not good. The chances of success appear to be much greater if policymakers pursue more modest objectives, stressing incremental, near-term gains.³⁷

An SI Strategy Likely To Generate More Near-term Success Is To Focus On Well-Defined Target Groups And To Pursue Reform Primarily Within Categorical Program Areas.

Such an approach is grounded in the current realities of the human services system. Although it may not change some of the basic failings of that system, it would receive more support from established constituencies and could, if short-term results were favorable, generate momentum toward more far-reaching reform.³⁸ Further, by virtue of being less complex, such a strategy would facilitate priority-setting and performance assessment. In this regard, it responds to Peter

Drucker's warning that "government will malperform if an activity is under pressure to satisfy different constituencies with different values and different demands."³⁹

Even A Target-Group, Categorical-Program Approach, However, Is Likely To Require Some Degree Of Central Authority And Flexible Funding To Generate And Sustain More Integrated Service Delivery.

A danger associated with a more modest approach to SI is that it will not sufficiently change established patterns of administration and service delivery. Coequal agencies, we have found, tend to participate in integrative efforts warily, if at all. If an integrative effort of some consequence is to occur and endure—for instance, one directed to clients who suffer from severe mental illness as well as from alcohol and drug abuse—it would appear to be necessary for an integrator to provide some external stimulus and for the participating agencies to agree to some loss of sovereignty.⁴⁰ So, too, there should be some degree of flexible funding to support the effort, at least at the outset. In the words of one 20-year veteran of SI initiatives, "... nothing coordinates like cash . . . if you don't have some flexible funding, . . . the task of coordination is going to get extraordinarily difficult."⁴¹

A Funding Source Granting An Organization Some Authority And Flexible Funding For Promoting SI Should Hold It Accountable For Defining And Measuring Expected Outcomes.

In retrospect, SI projects of the 1970's and to a lesser extent the 1980's probably gave too much attention to comprehensive planning and not enough to measuring results. In the 1990's, in line with performance-based approaches being pursued in education and other fields,⁴² SI projects should develop performance indicators and use them on an ongoing basis to assess the effectiveness of the services being offered to clients and the efficiency and economy with which they are being provided. Such a performance assessment is doable⁴³ and has many potential benefits. Among them is the gradual accumulation of a data base that can be used to (1) clarify what difference SI makes, (2) help raise important questions about the adequacy of established administrative and service delivery approaches, and (3) contribute to a broader understanding of and support for promising integrative reforms.

The Cultivation and Maintenance of Networks of Individuals Engaged in SI Efforts is Vital to the Success of These Efforts.

In 1975, a Rand Corporation report warned, "In the absence of rather decisive DHEW initiatives, services integration will continue to be a marginal and isolated phenomenon."⁴⁴ Fifteen years later, that warning still deserves serious consideration. SI efforts occur at the periphery of the human services system, not at its core. They are a diverse and widely scattered set of initiatives. With relatively little expenditure of funds, HHS, other Federal agencies, State and local agencies, and others can help connect those involved with these initiatives. They can do this in various ways, but especially by serving as a regular convener of governmental officials, private service agency officials, foundation representatives, academics, and others associated with SI reforms. In so doing, they could be instrumental in disseminating valuable information, stimulating ideas, and fostering effective SI strategies for the 1990's

CHAPTER III: DEFINITIONS OF SERVICES INTEGRATION

HEW Secretary Elliot Richardson, in a June 1, 1971, Departmental memorandum entitled "Services Integration. . .Next Steps:"

Services Integration refers primarily to ways of organizing the delivery of services to people at the local level. Services Integration is not a new program to be superimposed over existing programs; rather, it is a process aimed at developing an integrated framework within which ongoing programs can be rationalized and enriched to do a better job of making services available within existing commitments and resources. 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.

HEW, Social and Rehabilitation Services, in *Integration of Human Services in HEW: An Evaluation of Services Integration Projects*, 1972:

The linking together by various means of the services of two or more service providers to allow treatment of an individual's or family's needs in a more coordinated manner (p. 5).

William A. Lucas, Karen Heald, and Mary Vogel of the Rand Corporation, in *The 1975 Census of Local Services Integration Projects: A Working Note Prepared for the Department of Health, Education and Welfare*, December 1975:

An innovative organizational effort to coordinate or consolidate human services activities at the local level in traditional agencies as a means of enhancing the effectiveness, efficiency, and/or continuity of comprehensive service delivery (p. 2).

United States General Accounting Office, in *Welfare Simplification: Projects to Coordinate Services for Low-Income Families*, August 1986:

The coordination of benefits and/or services to (1) allow access to and use of benefits by all clients, (2) improve effectiveness of service delivery, and (3) achieve efficient use of human services resources (p. 1).

CHAPTER IV: CHRONOLOGY OF MAJOR FEDERAL SERVICES INTEGRATION INITIATIVES

1971-1976

SERVICES INTEGRATION TARGETS OF OPPORTUNITY (SITO) RESEARCH PROJECTS

Initiated in June 1972, the SITO projects were supported by funds from the component HEW agencies, particularly the Social and Rehabilitative Services. Over the next few years, 45 SITO projects were funded. Ten of them were technical studies carried out by consulting firms or public interest groups. The others, most of which were funded for three years, were comprehensive service delivery efforts carried out by State or local governments or private agencies and intended to provide replicable information on how to integrate the delivery of a wide range of human services. Among the many SI mechanisms supported were client tracking systems, collocated services, case management, and information and referral systems.

DEPARTMENT OF HUMAN RESOURCES (DHR) PROPOSAL

The DHR legislative proposal was one of a series introduced in 1971 by the Nixon administration for the purpose of consolidating the executive branch of the Federal Government. Building on principles of accountability and authority set forth by the Ash Council, the proposal called for a substantial strengthening of the Secretary's role as chief executive officer of the Department. It also called for a strengthening of the role of the Regional Directors and other components of the Department. In this regard, it was widely viewed as a reform that would facilitate the integration of services. The proposal did receive some congressional consideration, but was not passed.

ALLIED SERVICES ACT PROPOSAL

The Allied Services Act of 1972 was at the core of HEW Secretary Richardson's and the Nixon administration's SI agenda. In fact, in 1972 the President referred to it as an important initiative that would help individuals "move more rapidly from public dependency toward the dignity of being self-sufficient." As proposed, the legislation would have allowed HEW to make planning and implementation grants available to State and local general purpose governments, to waive certain Federal requirements that impede SI, and as part of an Allied Services plan to transfer funds from one categorical program to another. The proposal was reintroduced to Congress in 1974 and 1975, but in the face of widespread opposition by the categorical program interests, it was never enacted.

THE INTEGRATED PROJECTS FUNDING SYSTEM

Introduced in the HEW Office of the Comptroller in 1971, this system came to be known as the "Switching Station." Its mission was to facilitate the funding of integrative social services projects calling for funding from multiple HEW funding sources. Applicants would submit a consolidated application to the Station, which would then "pull various switches" to expedite the review process. It would not have the authority to fund projects on its own; it would serve as an expeditor. The Station did operate in the mid-1970's and did help some applicants receive Federal funding for broadly based proposals, but, without supporting legislation, it did not have much impact on categorical program restrictions. It was disbanded by 1976.

SI TECHNICAL ASSISTANCE EFFORTS

Beginning in 1972, the Office of the Secretary and the 10 Offices of the Regional Director were engaged in technical assistance efforts intended to facilitate the integration of services at State and local levels. These efforts were directed largely, but not exclusively, to general purpose governments. In some places, they involved support for the establishment of State umbrella human services agencies, as was the case in Georgia. In others, they involved help in establishing innovative comprehensive projects, such as Connecticut's Project Triage, a pioneering effort to integrate the delivery of health and social services for home-bound elderly. In still others, they involved support for the establishment of broadly based coalitions, such as the New England Human Services Coalition.

THE PARTNERSHIP GRANTS PROGRAM

This program was initiated in Fiscal Year 1974 as a major part of what had come to be called HEW's "capacity-building" strategy. This strategy sought to help State and local general purpose governments to improve their capacity to plan and manage human services. Over a period of about three years, the Partnership program provided about \$9 million in funding to 84 different projects. Funded for up to three years, these projects devoted more attention to administrative levels than did the SITO projects. However, they also supported various service level linkages, such as information and referral systems.

COMPREHENSIVE HUMAN SERVICES PLANNING AND DELIVERY SYSTEM (CHSPDS) PROJECTS

The CHSPDS projects followed the SITO projects. More than the latter, however, they devoted considerable attention to planning and management issues and were intended to be a systematic set of experiments. The five grantees (in Brockton, Mass.; Jefferson County, Ky.; Portsmouth, Va.; Suffolk County, N.Y.; and Taunton, Mass.) were required to participate in a common evaluation and to test the implementation of ten management elements, such as cost accounting and case management systems. The projects were funded for three years, but because of funding constraints there were major reductions in the final year and the common evaluation was not carried out.

PROJECT SHARE

One of the most enduring initiatives of this era was Project SHARE, a national clearinghouse initiated by HEW in 1974-75 to help improve the management of human services. In its early years, Project SHARE concentrated on compiling SI- related literature and on facilitating widespread access to it. It prepared and distributed abstracts of that literature and, upon request, conducted searches of it. In addition, it commissioned, published, and distributed monographs addressing key SI issues. In subsequent years, the clearinghouse has continued to receive HHS support, but at a lower level and with more of a categorical focus.

TITLE XX OF THE SOCIAL SECURITY ACT

Enacted in 1975, Title XX is a social services block grant. It replaced the social service funding provided to the States under Titles IV-A and VI of the Social Security Act. Under Title XX, Congress maintained the \$2.5 billion funding ceiling it had previously established under Title IV-A. However, it gave States much more flexibility in determining how social services dollars would be spent. With Title XX funds, they could engage in comprehensive social service planning and develop a service program that responds, in an integrated fashion, to the particular needs of its citizens. The program had to be directed to six broadly stated program goals established by the legislation.

1977-1990

ACCESS SERVICES PROGRAM PROPOSAL

This was a legislative proposal developed by the Office of Human Development Services in October 1977. It called for amending Title XX to make up to \$50 million available annually to offer incentives to the States "to develop comprehensive multiprogram access projects for the purpose of improving accessibility to human services by individuals who need them." Access services were defined to include information and referral, transportation, outreach, and other such services that would help individuals use available services. The proposal was never passed by the Congress.

NATIONAL NETWORK FOR COORDINATING HUMAN SERVICES

The National Network was funded by the Office of Human Development Services (OHDS) through a cooperative agreement with a private firm. Through the Network, OHDS sought to develop and maintain linkages between individuals and organizations interested "in coordinating services that cross categorical boundaries, governmental jurisdictions, and the public and private sectors." In 1980 and 1981, the Network facilitated such linkages and disseminated information by holding two national conferences and by developing and distributing written and audiovisual materials.

BLOCK GRANT PROGRAMS

In the Omnibus Budget Reconciliation Act of 1981, Congress consolidated about 30 separate categorical programs into seven block grants: Preventive Health Services; Alcohol, Drug Abuse, and Mental Health; Primary Care; Maternal and Child Health; Community Services; Social Services; and Low Income Energy Assistance. The combined programs were funded at 75 to 90 percent of the 1981 funding levels, but under them, the States had fewer reporting responsibilities to the Federal Government and greater discretion in how they could spend the funds. With less "red tape" and more flexibility, the opportunities for integrating services were enhanced.

SERVICES INTEGRATION PILOT PROJECTS:

In the Deficit Reduction Act of 1984, Congress authorized Federal funding for SI pilot projects that would help individuals and families achieve social and economic self-sufficiency. In May 1985, OHDS awarded demonstration grants to the States of Arizona, Maine, Oklahoma, South Carolina, and Florida. Each State was responsible for testing a common set of SI mechanisms, such as common resource directories, unified budgeting and accounting systems, uniform application and eligibility procedures, and standardized procedures for purchase of services. The States received grants in subsequent years as well and with them were able to establish a number of important linkages. However, a common evaluation that was planned did not materialize because of financial problems experienced by the contractor that was selected to perform the evaluation.

INTERAGENCY LOW-INCOME OPPORTUNITY ADVISORY BOARD

The Board was established by executive order on July 20, 1987, to promote the coordination of public assistance programs and policies. Located in the White House, the Board served in 1987 and 1988 as a focal point for welfare reform demonstration proposals. It worked with States in facilitating such proposals and with Federal departments in reviewing and approving them. Among 26 proposals submitted to the Board by the States, 16 were approved. The demonstrations addressed coordination in various ways, but stressed particular programmatic elements, such as transition benefits for welfare recipients who obtained employment.

CHAPTER V: FINDINGS FROM SELECTED NATIONAL STUDIES ON SERVICES INTEGRATION

1972

U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Services, *Integration of Human Services in HEW: An Evaluation of Services Integration Projects, Volume I, 1972.*

Background: This study was commissioned to understand more clearly the nature and progress of ongoing efforts in services integration and to identify possible Federal actions most conducive to support of the efforts. Thirty case studies were developed based on document reviews and interviews with the major participants and observers of the projects' history. These case studies provided the basic information for conducting the study analysis.

Major Findings:

- Services integration is not extensive. Even in the projects identified as successful, none had fully developed a majority of the service linkages being reviewed.
- Services integration is an evolutionary process. It takes time to organize and implement, time to attain legitimacy in the eyes of service providers, and time for participating agencies to develop working relationships.
- Services integration is facilitated and inhibited by numerous factors. But no single factor is instrumental in benefiting or impeding a majority of the projects.
- Services integration results in improved accessibility, continuity, and efficiency of client services.
- There is no one best services integration method for providing client services.
- Development of different linkages requires differing resources and incentives, and varying periods of time.
- Clients can be an important integrative force.

U.S. Department of Health, Education, and Welfare, Report on the Task Force on Administrative and Organizational Constraints to Services Integration, June 1972.

Background: The purpose of this report was to examine the administrative and organizational practices that impede the integration of services. It was based upon four site team reports and drew upon a number of papers.

Major Findings:

- Major barriers to services integration arise more from the attitudes and behavior of the people involved than from organizational arrangements, administrative practices, and regulations.
- DHEW is organized along professional lines for historic, legislative, and educational reasons. This has resulted in few human services generalists who could cut across program and professional lines to deal with a broad range of human needs.
- The sheer size of the DHEW system and its State counterparts results in unfortunate competition among groups at the local level who should in fact be cooperating.
- Within the DHEW maze it is difficult to find that responsible party who can make a decision or hold others accountable.
- DHEW erects barriers to services integration by its categorical funding nature, the variation in program decentralization, the lack of information, the nature of technical assistance, and the lack of regional authority. All of these factors work against a more responsive and efficient Federal system.

1974

The Council of State Governments, *Human Services Integration: State Functions in Implementation, 1974.*

Background: This study sought to gather information on consolidated human resources agencies, the perceptions of agency officials on the nature of services integration, and their priorities in achieving it. The information was based on a 50 State mail survey and on-site visits to 20 States.

Major Findings:

- Human services integration is not a top priority item in many States.
- Services integration is a particularly difficult concept to implement in large urban States because of the magnitude of social problems and the multitude of public and private agencies involved.

- Many States have established comprehensive human resource agencies. Such a move basically leads to efforts to coordinate programs and administrative services, but not necessarily to services integration.
- It is too soon to determine whether a comprehensive human resource agency is a vehicle that can successfully accomplish integration of human services.
- States' political and bureaucratic issues have been important barriers in attempts to integrate services. Other barriers have resulted from Federal grants and legislation and from regulations administering the grants.
- Title IV-A of the Social Security Act, authorizing Federal funds for State and local social services programs, can be instrumental in promoting services integration.

1975.

Douglas Henton, *The Feasibility of Services Integration: An Evaluation Prepared for the HEW Interagency Services Integration R&D Task Force, March 1975.*

Background: This study analyzed 34 demonstration projects and 6 case studies in an attempt to provide information useful for future policymaking. Its purpose was to determine those conditions in which services integration appears feasible and the factors influencing the adoption of service linkages in the demonstration projects.

Major Findings:

- Services integration does not appear to be an organizational strategy that can be applied with equal success in every locality. Services integration appears to be feasible only in particular environments employing specific strategies.
- Services integration should not be promoted by the Federal Government as the most appropriate strategy for every community. Linkages have been adopted more readily in "stable rural environments" than in "turbulent urban environments."
- In some communities the costs of services integration outweigh any benefits produced.
- Services integration must be approached with realistic expectations. Attempts at large-scale State-level or comprehensive human services planning must be approached with extreme caution.
- Human services organizational networks must be adapted to local environments and no one structure can be implemented in every environment.

William A. Lucas, Karen Heald, and Mary Vogel, Rand Corporation, prepared for the U.S. Department of Health, Education, and Welfare, *The 1975 Census of Local Services Integration*, December 1975.

Background: The purpose of this research effort was to examine issues related to how one would go about integrating services once it was decided that services integration was a desirable goal. A research census of 70 SITO (DHEW's Services Integration Targets of Opportunity program) and non-SITO sites identified the scope and approaches used for services integration.

Major Findings:

- In the absence of decisive DHEW initiatives, services integration will continue to be a marginal and isolated phenomenon.
- If DHEW wishes to see a serious reorganization or changes in traditional philosophy, it must be prepared to provide extensive funds and change DHEW regulations to encourage such activities.
- If DHEW continues with its service integration efforts, it must recognize that (1) research and development funds are vital, (2) categorical programs may pick up many of the better projects, (3) extensive planning models are of varying use, but not of sufficient value to be required, and (4) projects with continuing interactions among service staffs may progress better than other projects.

1976

Sidney L. Gardner, *Roles for General Purpose Government in Services Integration*, Project SHARE, Human Services Monograph Series, No. 2, August 1976.

Background: The focus of this study was to look at HEW's efforts to expand the capacity of State and local general purpose executives to plan and manage categorical human services programs and HEW's efforts to integrate such programs through a variety of demonstration projects.

Major Findings:

- Projects seeking institutional change cannot survive if constantly concerned with resource mobilization rather than program operation. Federal funding cycles and limited State and local budgets contribute significantly to this effect.
- Effective project leadership is a sine qua non for capacity-building.
- Consensus building is important in ensuring that services integration is an ongoing capacity.

- Federal and State capacity-building agendas often diverge under different pressures and incentive systems.

Gerald T. Horton, Victoria N. E. Carr, and George J. Corcoran, *Illustrating Services Integration from Categorical Bases*, Project SHARE, Human Services Monograph Series, No. 3, 1976.

Background: This report focuses on one method of services integration, starting with a categorical funding and program base which was expanded to integrate complementary services and resources into a comprehensive service package. Four projects were examined in detail.

Major Findings:

- Funding is a major determinant in services integration. The amount and type of funding shapes the initial implementation and integration of services.
- A strong project leader capable of mobilizing resources, merging conflicting opinions or groups, planning effectively, and relating to a broad section of the community and providers facilitates services integration.
- Community receptivity to the need for services and the desire to provide effective delivery are necessary.
- An administrative structure must be in place to allow for planning and implementing of services integration.
- Staffs' desire to increase service delivery effectiveness affects services integration.
- Long-term planning must be implemented and include project goals and purpose, methods to integrate service delivery, and current and future funding sources.

1977

DeWitt John, prepared for the Center for Social Research and Development, Denver Research Institute, University of Denver, Denver, Colo., *Managing the Human Service "System": What Have We Learned from Services Integration?*, Project SHARE, Human Services Monograph Series, No. 4, August 1977.

Background: This study reviews and assesses the final reports and evaluation of 20 SITO (DHEW's Services Integration Targets of Opportunity program) projects, paying particular attention to the impact of interagency linkages on efficiency, effectiveness, and accountability.

Major Findings:

- The fiscal squeeze faced by State and local human service agencies, and Federal, State, and institutional barriers led to few successful fiscal linkages being tried or implemented successfully.
- Collocating provider services to enhance personnel linkages had mixed results. Some projects did experience an increase in savings, service accessibility, communication, and staff sharing.
- Agency turf issues can adversely affect efforts to establish planning and programming linkages.
- Multiagency client information systems resulted in less efficient administrative linkages and did not provide information necessary for determining eligibility.
- Core service linkages can substantially increase client service accessibility, may increase service system responsiveness to clients, and may foster strong informal relationships between agencies.
- There is little evidence to suggest that efforts to increase case coordination linkages are successful.

1978

RJ Associates and SRI International for the U.S. Department of Health, Education and Welfare, Office of the Assistant Secretary for Planning and Evaluation, *Assessing the DHEW Partnership Grants Program: A Study of State and Local Government Capacity Building*, Final Report, February 1978.

Background: This report is an assessment of the Partnership Grants Program initiated by the Department of Health, Education and Welfare in 1974. Its purpose was to learn more about the effectiveness of differing modes of human services planning, management, and delivery techniques being tested in 20 demonstration projects.

Major Findings:

- The political environment of a particular jurisdictional setting was the most important factor in establishing parameters as to what could be accomplished and the degree of difficulty a project was likely to experience in implementing a strategy to achieve its objectives.

- The active support of chief officials is essential to the successful implementation of a major new organizational or process reform within the human services system; without such support reforms are unlikely to be successful.
- Designation of the organizational location for human services must rest with the chief elected officials and/or their immediate staff.
- The optimum strategy to achieve human services reform involves a balance between the political process of generating and maintaining consensus among decision makers and the technical activity of developing research products to facilitate the political process.

1980

Pat G. McGinnis and Fredrick M. Bohen, U.S. Department of Health and Human Services, Office of the Secretary, *Eligibility Simplification Project, Executive Summary, September 9, 1980.*

Background: The study looked at approaches to eligibility simplification for the seven core assistance programs that comprise 10 percent of the Federal budget. Analyzed were Federal program requirements affecting eligibility and procedures.

Major Findings:

- Existing programs fail to meet the needs of citizens in an efficient and responsive manner.
- There is no agreement on income and asset definitions by the different programs.
- The programs have different approaches to gathering client financial data, verifying financial data, and determining eligibility.
- Nonfinancial conditions of eligibility differ among the programs.

1983

U.S. Department of Health and Human Services, Office of Human Development Services, Office of Program Development, *A Review of the Conceptual Foundations and Current Status of Services Integration, January 13, 1983.*

Background: This paper traces the development of human services integration from the early 1970's to 1983 and highlights key observations that have emerged from the work. Offered are suggestions to facilitate effective services planning and delivery along with examples from

present and planned projects and demonstrations that have explored or will address selected approaches to achieve services integration.

Major Findings:

- Although integrated service delivery does not necessarily reduce the cost of services, it does result in more complete assessment of client needs and the development of more comprehensive service programs addressing those needs.
- The success of services integration efforts depends heavily on the commitment of managers and key staff of participating agencies.
- A taxonomy of services and a comprehensive resources directory are vital to integrated program and case planning.
- Collocation alone will not ensure interprogram coordination.
- Lack of timely, comprehensive, and relevant data often serves as a barrier to service integration.

1987

United States General Accounting Office, *Welfare Simplification: States' Views on Coordinating Services for Low-Income Families*, GAO/HRD-87-110FS, July 1987.

Background: This report is GAO's fourth in response to congressional committees' requests for information on services integration. It summarizes responses by 49 States to a GAO questionnaire. The questionnaire focused on families eligible to receive benefits under six low-income assistance programs and addresses collocation of services, coapplication for services, coeligibility and determination for services, and the use of a single case manager for services.

Major Findings:

- For the four types of integration examined, 23 States have integrated their service delivery units for the three major benefit programs—Aid to Families with Dependent Children, Medicaid for the Categorically Needy, and Food Stamps.
- Thirty States have started at least one services integration project since October 1, 1983.
- Among the most frequent obstacles to services integration were the multiple regulations and different financial eligibility requirements used by various programs.

- Few States indicated that the Department of Agriculture or the Department of Health and Human Services had encouraged services integration to any great extent.
- The three reasons most often cited for eligible families not receiving benefits were (1) transportation difficulties, (2) lack of outreach services, and (3) insufficient funds for certain programs, especially Section 8 housing.

APPENDIX A

ENDNOTES

1. We reviewed many HEW/HHS funded reports addressing the results of SI efforts; all the relevant reports of Project SHARE, a national clearinghouse funded by HEW in the mid-1970's to improve the management of human services; many articles in journals such as the *Public Administration Review*, the *New England Journal of Human Services*, and *Social Services Review*; and various internal documents associated with departmental task forces and reviews over the years.
2. See, for instance, Sidney L. Gardner, *Roles for General Purpose Governments in Services Integration*, Project SHARE, Human Services Monograph Series, No. 2, August 1976, p. 5.
3. "Introduction," in *Human Services Integration: Special Publication*, American Society for Public Administration, March 1974, pp. 2-3.
4. See Donald A. Schon, *Beyond the Stable State* (New York: W.W. Norton & Co., 1973), pp. 63-64.
5. See Mark R. Yessian and Rosalie H. Lang, "The Quest for Human Services Integration as Reflected in HEW," *Journal of Health and Human Resources Administration* 3, no. 4 (May 1981): pp. 517-539; and Walter Trattner, *From Poor Law to Welfare State: A History of Social Welfare in America* (New York: the Free Press, 1974).
6. See chapter IV for a chronology of major SI initiatives undertaken by HEW/HHS in the 1970's and 1980's.
7. In this context, the Nixon administration introduced the Family Assistance Plan legislative proposal. Had it passed Congress, it would have made income maintenance for low-income families a Federal responsibility. See Douglas Henton, *The Feasibility of Services Integration: An Evaluation Prepared for the HEW Interagency Services Integration R & D Task Force*, March 1975, p. 5.
8. See Yessian and Lang, pp. 519-527. Much of Richardson's SI agenda was based on a February 1971 report prepared under the direction of Deputy Assistant Secretary Sidney L. Gardner and entitled *Services Integration in HEW: An Initial Report*.
9. General purpose governments are regarded as the sphere of elected officials having broad responsibility for governance. Although this encompasses the legislative as well as the executive branch, the HEW capacity-building agenda dealt primarily with the latter—in particular with the immediate offices of the chief executive or with the umbrella human services agencies reporting to the elected chief executive.

10. The other programs specified are public health, mental health, mental retardation, adult corrections, youth institutions, vocational rehabilitation, and employment services. See Keon S. Chi, "What Has Happened to the Comprehensive Human Services Agency?" *New England Journal of Human Services* 7, no. 3 (1987): 24-30.
11. Many reports have been written on the Florida reorganization and its implementation. See Laurence E. Lynn, Jr., "Organizing Human Services in Florida," *Evaluation* 3, nos. 1-2 (1976): 58-97; National Academy of Public Administration, *Reorganization in Florida: How Is Services Integration Working?*, Washington, D.C., September 1977; and National Academy of Public Administration, *After a Decade: A Progress Report on the Organization and Management of the Florida State Department of Health and Rehabilitative Services*, April 1986.
12. See Yessian and Lang, pp. 534-535.
13. Robert A. Weyer, "Block Grants at the Local Level: New Jersey and the New Federalism," *New England Journal of Human Services*, no. 4 (1985): 17.
14. In 1987, as in 1976, there were 26 State umbrella human services agencies. See Chi, p. 29.
15. The lesser visibility in the 1980's is quite apparent in the decrease in the literature on the topic. In a SI bibliography prepared by the General Accounting Office in 1986, there were 120 citations involving publications issued between 1972 and 1979 and 40 for those issued between 1980 and 1986. See GAO, *Welfare Simplification: Projects to Coordinate Services to Low-Income Families*, GAO/HRD-86-124FS, August 1986, pp. 50-67. A subsequent GAO report, based on a survey of the States, indicated that 30 States started at least one SI demonstration project since October 1, 1983. See GAO, *Welfare Simplification: States' Views on Coordinating Services for Low-Income Families*, GAO/HRD-87-110FS, July 1987, pp. 21-22.
16. This is a development that Alfred J. Kahn and Sheila B. Kammerman noted as far back as the late 1970's, when they commented: "a number of categorical entities in HEW, responding to legislative mandates, constituency pressures, and professional initiatives have moved towards creating integrative service delivery systems of a comprehensive sort for these special categories. Prime illustrations in some States are rehabilitation services, services for the aged, community mental health programs, child and family welfare systems." See "The Course of Personal Social Services," *Public Welfare* 36 (Summer 1978).
17. These positive impacts are documented in many national and local reports. See especially, DeWitt John, *Managing the Human Service "System": What Have We Learned from Service Integration?*, Project SHARE, Human Services Monograph Series, No. 4, August 1977; Gerald T. Horton, Victoria N.E. Carr, and George J. Corcoran, *Illustrating Services Integration from Categorical Bases*, Project SHARE, Human

Services Monograph Series, No. 3, 1976; and Michael E. Fishman and James V. Dolson, "The Evolution of Human Services Integration: A Federal Perspective," an unpublished paper prepared in 1987 for a conference sponsored by the Human Services section of the American Society for Public Administration and entitled "Whatever Happened to the Umbrella Human Services Agency?"

18. *The Community Life Association: From 1972-1975*, Final Evaluation Report, January 1976, p. 63.
19. See *Human Services Integration: Special Publication*.
20. A specific illustration of this kind is the highly fragmented system for delivering prenatal services to low-income pregnant women in Boston (and other cities). See Office of Inspector General, *Evaluation of the Boston Healthy Baby Program*, OAI-01-88-01420, July 1989.
21. See GAO, *Welfare Simplification: States' Views on Coordinating Services for Low-Income Families*, pp. 25-38.
22. In particularly candid comments, Sidney Gardner, director of the Community Life Association's SI project, noted the following at a May 6-7, 1976, meeting of the New England Human Services Coalition: "When we got down to the final decision about pick-up, the merits of our program were almost fully irrelevant. To the extent they even made conscious decisions, the city and state made their decisions based upon no new programs and no new funding, no new outsider units and no new non-profit providers."
23. Department of Health, Education, and Welfare, *Report of the Task Force on Administrative and Organizational Constraints to Services Integration*, June 1972, p. 17.
24. See John, *Managing the Human Services "System,"* p. 68.
25. See Schon, *Beyond the Stable State*.
26. H.J. Laski, "The Limitations of the Expert," *Harper's*, December 1930, p. 106.
27. Sidney L. Gardner, *Services Integration in HEW: An Initial Report*, Department of Health, Education, and Welfare, February 26, 1971, p. 5.
28. The relevance of these integration roles is addressed in many reports. See especially, Horton et al., *Illustrating Services Integration from Categorical Bases*; Gardner, *Roles for General Purpose Governments in Services Integration*; R. J. Associates and SRI International, *Assessing the HEW Partnership Grants Program: A Study of State and Local Government Capacity Building*, Arlington, Va., and Menlo Park, Calif., 1978; and Robert Agranoff and Alex Pattakos, *Dimensions of Services Integration: Service Delivery, Program Linkages, Policy Management, Organizational Structure*, Project SHARE, Human Services Monograph Series, No. 13, April 1979.

29. This may be a reflection of what Peter Drucker describes as a new pluralism in society and a decreasing capacity of government to function as an integrator of interests. See Peter F. Drucker, *The New Realities* (New York: Harper and Row, 1989).
30. For elaboration on some of the critical distinctions among general administration, program administration, and service delivery spheres of operation, see Mark R. Yessian, "Delivering Services in a Rapidly Changing Public Sector," *American Behavioral Scientist* 21, no. 6, 1978, pp. 829-857. See also Mark R. Yessian, "The Generalist Perspective in the HEW Bureaucracy: An Account from the Field," *Public Administration Review*, March/April 1980.
31. See, for example, Council of State Governments, *Human Services Integration: State Functions In Implementation*, Lexington, Ky., 1974, p. 4.
32. See *ibid.* and the Department of Health, Education, and Welfare, Office of the Assistant Secretary for Planning and Evaluation, "Services Integration and the Department of Health, Education, and Welfare," January 1977.
33. For instance, the supporters of the Connecticut Council on Human Services, an umbrella State human services agency found that in the face of opposition by programmatic interests, there was little political support for integrative approaches that could not deliver short-term solutions to complex problems. See Rosalie H. Lang, "The Council on Human Services: A Case Study in the Failure of Human Service Coordination," paper delivered at the May 6-7, 1976, meeting of the New England Human Services Coalition.
34. See, for instance, Fishman and Dolson, "The Evolution of Human Services Integration: A Federal Perspective," p. 7.
35. See, for example, John, *Managing the Human Services "System,"* p. 68; HEW, "Services Integration and the Department of Health, Education, and Welfare," 1977; and Department of Health and Human Services, Office of Human Development Services, "A Review of the Conceptual Foundations and Current Status of Services Integration," January 13, 1983.
36. With respect to the SITO projects, John (*Managing the Human Services "System,"* p. 69) indicates that the evidence from them is "fragmentary and difficult to assess," largely because of inconsistent definitions and limited quantitative measurements of impact. It must also be noted that other conceptualizations and evaluations of the projects suffered from an overly rigid framework in which SI was reviewed essentially as an "organizational design and systems engineering problem." See Yessian and Lang, p. 522.

The CHSPDS and SIPP efforts sought to produce more definitive results than the SITO projects by establishing common frameworks and definitions at the start. Yet, evaluations planned for the two efforts did not occur. In the case of the CHSPDS

projects, this was because the funding did not become available; in the case of the SIPP projects, it was because the selected contractor went bankrupt.

37. In this regard, the following excerpt from the final evaluation report of the Community Life Association SITO project provides food for thought:

It can be argued that any system has only limited toleration of innovation; yet CLA sought innovation across the entire human services system, from top to bottom. But it is a fair—though unanswered—question to ask whether more modest, clearly focused goals of reform at fewer points in the human services system would have had some greater results. (p. 60)

38. Here, again, a valuable lesson can be learned from prior efforts. Years ago, the project report prepared on the Jonesboro, Arkansas, SITO project offered the following conclusion based on that project's experiences:

If Congress or the Arkansas General Assembly provides funds for the Blind, they expect funds to be spent for that group and not an abstract administrative concept such as core administration or generic case management. It is our opinion that so long as lobby groups influence legislation, and funds are noted categorically, services will be administered and delivered categorically.

See John, *Managing the Human Service "System,"* pp. 15-16.

39. See Drucker, *The New Realities*, p. 66.
40. HEW Secretary Elliot Richardson emphasized this point in the June 1, 1971 memorandum that outlined his SI agenda. In that memorandum, he indicated that in itself coordination among service providers was "not likely to be fully effective." He added that "some process should be set in motion that will lead toward a degree of centralized management, with a proportional curtailment of sovereignty by each of the participating agencies."
41. Sidney L. Gardner, remarks before the New England Human Services Coalition conference, May 6-7, 1976.
42. Of particular note is that the White House and National Governors' Association have established a panel to gauge the nation's progress toward six mutually agreed upon education goals. One of the immediate tasks of the panel is to select precise measures to assess progress in reaching these goals.
43. See, for example, R. Miller et al, *Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies* (Washington, D.C.: The Urban Institute, (u.d.); Reginald Carter, *The Accountable Agency*, SAGE Human Services Guides, vol. 34 Sage Publications, (Beverly Hills, Calif.; 1983); and Harry B. Hatry,

“Program Evaluation and Client Outcome Monitoring for State and Local Human Service Agencies,” *New England Journal of Human Services Agencies*, Winter 1985, pp. 34-41.

44. William A. Lucas, Karen Heald, and Mary Vogel, *The 1975 Census of Local Services Integration: A Working Note Prepared for the Department of Health, Education, and Welfare*, Rand Corporation, WN-9289-HEW, December 1975, p. 45.

