



Case Studies in Supporting Prevention through Human Services Program Integration

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The U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been working with researchers, leaders of human services agencies, and people with lived experience to visualize, describe, and document models of prevention of human services needs, including approaches for the prevention of child maltreatment, the promotion of housing stability and prevention of homelessness for families and youth, and increasing the use of economic supports such as Temporary Assistance for Needy Families (TANF) to promote economic stability. To support this goal, ASPE contracted with Mathematica and the Center for the Study of Social Policy (CSSP) to conduct case studies of innovative prevention approaches that integrate human services.

KEY POINTS

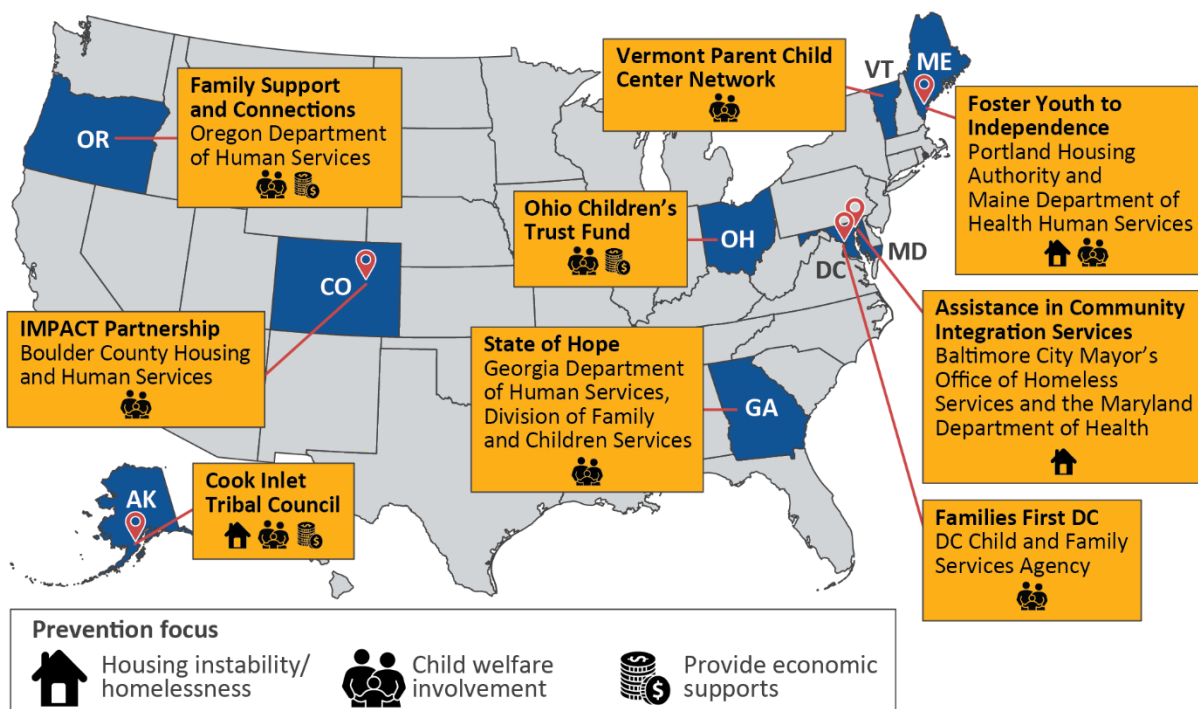
- Human services integration that brings multiple programs, policies, and funding streams together can reduce burden on individuals and families seeking services by reducing duplicative eligibility determinations, enrollment processes, service provision, and communication between individuals or families and staff. It enables service providers to support individuals and families participating in services before they are in crisis and may improve efficiency.
- Case study sites designed services to simplify access and meet immediate needs through a no-wrong-door approach, often operationalized by offering services at a centralized location. Sites also prioritized offering stabilization services, employed case management, and used navigation approaches.
- Many sites intentionally designed prevention services to center community involvement with regular communication, to reflect community values, and to embrace partnerships not only throughout the design process but also in the initial and ongoing implementation phases.
- Site staff shared strategies they used to address funding and staffing challenges. They also used data to assess and improve implementation and outcomes.
- Staff at some sites described a susceptibility to changing political or fiscal priorities. Despite this, site staff also said they were empowered to advocate for their initiative's sustainability and to simplify processes to support sustainability. Sites were also helped by existing HHS guidance and other supports for integrated preventative approaches.

OVERVIEW

Human services have an opportunity to build and enhance people’s strengths and resilience by shifting services from responding to crises like eviction to preventing these crises by reducing risk factors, promoting protective factors, and creating the safety and stability needed to avoid adverse experiences that can escalate into crises (Akers et al 2023). Integrating programs and services is central to creating a proactive and supportive human services system. When services are compartmentalized, it can be easy to overlook risk factors beyond the purview of those services, and systems may focus on promoting specific services instead of lifting up the strengths and needs of the individuals and families they serve. Integrating services enables service providers to focus on early identification and anticipation of needs for individuals and families so they can receive support before they are in crisis. Service integration can also help reduce service silos that burden individuals and families with duplicative and inefficient eligibility determinations, enrollment processes, service provision, and communication between individuals or families and staff (Cavadel et al 2022). This experience can discourage individuals and families from engaging in services that can build their capacities to achieve their goals (Akers et al. 2023). Other research has suggested that centralizing services may result in more efficient allocation of resources (Morrison et al 2022).

This brief summarizes case study findings from nine sites that integrate human services with a prevention lens (Figure 1; Appendix A includes more information about case study methods). The study specifically focused on approaches for preventing involvement in the child welfare system, promoting housing stability and preventing homelessness for youth and families, and increasing the use of economic supports such as Temporary Assistance for Needy Families (TANF).¹

Figure 1. Map of case study sites



¹ This brief is based only on information collected through conversations with case study sites. This is not guidance for any federal programs mentioned within.

Five sites were led by state or territory agencies or offices including Georgia, Maryland, Ohio, Oregon, and Washington, DC. All of these sites partnered with community organizations and local partners to deliver services. Three sites operated locally, including Cook Inlet Tribal Council, IMPACT Partnership, and Maine Foster Youth to Independence.² Vermont Parent Child Center Network is a statewide network of community-based organizations that worked in close collaboration with a state agency. Five sites provided services to families with low income or young children; one provided services to the general population; one provided services for individuals with mental health and substance use disorders; one provided services to Alaska Native populations; and one provided services to youth aging out of foster care.

Case study sites served a wide range of families with different levels of involvement in systems and risk factors (Table 1). To meet the needs of those families, case study sites provided a mix of primary, secondary, and tertiary prevention. All sites provided multiple types. For example, the Ohio Children’s Trust Fund engaged in primary, secondary, and tertiary prevention strategies. The initiative offered an online parenting program to everyone in the state (primary prevention) and also worked directly with child welfare agencies in seven counties to refer families to the program with unsubstantiated allegations (secondary prevention) and open child welfare cases (tertiary prevention).

Types of prevention

Primary prevention serves populations before problems emerge.

Secondary prevention serves individuals with identified needs or challenges by providing them opportunities to alleviate existing problems and prevent further escalation.

Tertiary prevention serves significantly impacted individuals through crisis management or triaging problems.

Source: Akers et al. 2023

Table 1. Case study sites provided a mix of primary, secondary and tertiary prevention

Site	Prevention type		
	Primary	Secondary	Tertiary
Boulder County IMPACT Partnership		X	X
Cook Inlet Tribal Council	X	X	X
Families First DC	X	X	
State of Hope	X	X	
Maine Foster Youth to Independence		X	X
Maryland Assistance in Community Integration Services Pilot		X	X
Ohio Children’s Trust Fund	X	X	X
Oregon Department of Human Services Family Support and Connections	X	X	
Vermont Parent Child Center Network	X	X	X
Total	6	9	6

² The [Foster Youth to Independence](#) initiative is a competitive grant program run by the U.S. Department of Housing and Urban Development. The program enables public housing authorities to provide Housing Choice Voucher assistance to youth between 18 and 24 years of age who are or have aged out of foster care. Under the Foster Youth to Independence program, public housing authorities partner with public child welfare agencies. The Maine Foster Youth to Independence program is administered by the Maine Department of Health and Human Services and the Portland Housing Authority.

HOW DID CASE STUDY SITES INTEGRATE SERVICES WITH A PREVENTION LENS?

Sites described how integrated and streamlined services could support prevention of deeper system involvement and conditions associated with continued system involvement. Sites designed strategies to simplify access to services and first meet immediate needs through a “no-wrong-door approach” where agencies collaborate to connect families to the services they need, no matter which agency they initially contacted. In some cases, the no-wrong-door approach was operationalized by offering services at a centralized location. Sites also prioritized offering stabilization services and employed case management and navigation approaches.

Sites helped participants access multiple services through a flexible ‘no-wrong-door’ approach, often with services co-located in one location.

Staff at six sites said that centralizing integrated services in one location – a “one-stop shop” – was important to reduce barriers to services and meet families’ needs. Parent Child Centers that are part of the Vermont Parent Child Center Network served as service hubs for early childhood and family services in sparsely populated, rural communities. Where needed, they provided transportation to bring families to the centers. Cook Inlet Tribal Council, a nonprofit organization with tribal authority serving American Indian and Alaska Native people residing in the Cook Inlet region of south-central Alaska, employed a single access point (a no-wrong-door approach) by using a common assessment during intake to improve participants’ access to services and minimize the burden of providing the same information multiple times to determine eligibility. With the common assessment, Cook Inlet Tribal Council participants could gain access to any of the organization’s offerings regardless of their initial reason for seeking help.

Sites prioritized services that would meet immediate needs to help stabilize the individual or family.

Sites reported that it was common for families to have “immediate needs” and that it was important to address these swiftly to avoid deeper system involvement.³ For example, the Oregon Department of Human Services’ Family Support and Connections program, which offered free, voluntary services to help reduce parents’ stress associated with emergent needs, provided preloaded debit cards to participants to pay for rent and utilities. By supporting the immediate stabilization of these families, staff believed these short-term supports reduced the likelihood of future challenges or system involvement.

Providing diapers, for example, could reduce the likelihood of someone making a report of neglect to the child welfare system. The Maine Foster Youth to Independence initiative is a collaboration between the Maine Department of Health and Human Services and the Portland Housing Authority that connects young adults who have recently aged out of foster care and are at risk of homelessness to stable housing and supportive services. Their staff said they had funding available for participants in “survival mode” who need help meeting

Vermont Parent Child Center Network staff

“The state of Vermont needs us to work with families upstream.... Our partnership with [the Vermont Department of Children and Families] is working on that prevention lens. Looking specifically at multi-tiered systems of support, we’re that bottom – the base.”

Maine Foster Youth to Independence staff

“[Combining housing and prevention services] is the special sauce.... Every advance that we would have made, if [foster youth] don’t have housing, we talk about it like pouring water through a colander. There is no foundation there for them to receive those resources. Without housing, everything goes away.”

³ “Immediate needs” included diapers, housing stabilization, social connections to turn to when support is needed, food, clothing, workshops for parents and families, substance misuse treatment, groceries, and help filling out applications.

their day-to-day needs like meals. The Ohio Children’s Trust Fund, which provided the evidence-based home visiting program Positive Parenting Program Plus (Triple P+) throughout Ohio, gave some participants a one-time payment of \$500 to help address immediate needs or crises, such as eviction, unpaid bills, healthcare needs, or groceries.

Case management and navigation services enabled sites to build trust and reflected a person-centered approach.

Six sites used case management or navigation services to work in partnership with families and individuals. These sites described developing trusting relationships that supported individuals and families in setting and achieving goals while identifying services to best meet their needs. Case managers and navigators not only helped to determine participants’ eligibility for various internal and external services, but also administered assessments, provided referrals, and followed up with participants to help them engage in services. Cook Inlet Tribal Council’s Navigation Team greeted individuals when they entered the building, administered the common assessment, and provided a warm handoff to Cook Inlet Tribal Council services. Navigators also checked in with participants throughout their experience to ensure continued access to the supports they needed—especially when they participated in multiple services. Maine Foster Youth to Independence matched youth aging out of foster care with a navigator who helped them access services and supports to build life skills once they were in housing. The Boulder IMPACT Partnership, which the Boulder County Department of Health and Housing described as an integrated system for coordinating care for children and youth across a range of human services providers in the county, included case planning, integrated staffing and case management for youth and families, and shared infrastructure across human services partners to coordinate services for their unique needs. Youth served by the Boulder IMPACT Partnership were either identified as at risk for system involvement, such as by being chronically absent from school, or were already involved in systems, such as foster care or juvenile justice. Partners included school districts, the district attorney, mental health providers, and other community partners. By bringing these partners together, the IMPACT Partnership could determine the best way to intervene to prevent further harm for the youth, such as by providing mental health care to a youth involved in the juvenile justice system to decrease the chance of continued involvement once they reached adulthood.

Program Participant

“It’s a trusting relationship and they’re there for you if you want them to be.”

INITIAL IMPLEMENTATION: WHAT DID CASE STUDY SITES CONSIDER WHEN DESIGNING THEIR INTEGRATED PREVENTION SERVICES?

While sites in the study varied in geography, prevention focus, and population served, commonalities emerged in how they approached the planning and design of their integrated initiatives. Sites described that integrating services required a shared vision and consistent communication with partners to facilitate streamlined delivery of services to individuals and families in a way that could promote protective factors and reduce further adverse experiences. Reflecting the importance of elevating lived experience in prevention services (Akers et al. 2023), many sites designed prevention services intentionally to center community involvement with regular communication, to reflect community values, and to embrace partnerships not only throughout the design process but also in the initial and ongoing implementation phases.

Developing a shared vision or goal early with partners was critical to strong partnerships and implementation.

Staff from five sites said partners were essential in developing integrated prevention initiatives because they could define needs and make connections to services. Often, partners were longstanding and well-known community service providers, such as community

State of Hope staff

“The biggest thing is that we [State of Hope partners] all get it. All of these organizations came together with a common goal ... to prevent child abuse and neglect.”

action agencies, or engaged through pre-existing relationships between organization leaders. Partners included community members, local youth homeless shelters, medical care providers, employment service providers, and housing authorities. The State of Hope initiative, which funds community-led organizations in Georgia to develop social safety nets for families, used human-centered design approaches with community members to develop a logic model for their initiative. This helped State of Hope align the integrated services they funded with communities' needs.

Regular communication between partners facilitated participants' timely access to services. Staff from seven sites said they scheduled weekly, monthly, or quarterly calls to facilitate communication between the integrated service delivery partners. In these calls, partner staff could provide updates, share information, follow up on and discuss referrals, and address issues. In Maryland, the Department of Health administers the Assistance in Community Integration Services Pilots to provide case management services to help individuals at risk of homelessness obtain housing and other medical and human services in four counties.⁴ A local pilot led by the Baltimore Mayor's Office of Homeless Services and its partner, Health Care for the Homeless, met monthly to discuss challenges clients face accessing services. In the Boulder IMPACT Partnership, partner agencies held community review team meetings to determine appropriate services or supports and made referrals for youth involved with two or more partner agencies, such as child welfare and juvenile justice.

Approaches run by state agencies needed to earn the trust of participants to repair harm inflicted by systems in the past. Staff from three sites said that a history of inequitable treatment and deficit-based interactions with individuals and families, contributed to lasting mistrust of human services programs. This history and current disparities placed additional onus on initiatives to demonstrate their good intentions and accountability to the communities and individuals they wanted to serve. For example, a Family Support and Connections staff member noted that instead of working with the Oregon Department of Human Services, partnering with community-based organizations to deliver services helped counter the mistrust that individuals often felt with the agency. Family Support and Connections staff also paid close attention to the language they used to describe services, noting that individuals and families might be less likely to participate in an initiative "to prevent adverse outcomes." Instead, staff described the initiative as "promoting family support and engagement." Staff at Maine Foster Youth to Independence said eligible youth with prior experiences in the foster care system were not interested in services provided by the Maine Department of Human Services. Therefore, they were also uninterested in the Maine Foster Youth to Independence program. To engage youth who needed housing services, the Portland Housing Authority partnered with a trusted homeless shelter for teenagers. This shelter added a question to its intake form where the participant could indicate whether they had a history of foster care involvement to determine their eligibility for a housing voucher so that the Maine Foster Youth to Independence could provide one to help them access housing.

Family Support and Connections staff

"One of the best things to do is not call it prevention.... The moment you say we want to help you [avoid getting] involved with child welfare, then they don't want you in their house. It assumes potential guilt, so we just say that we support families and lower stress."

Initiative developers drew on needs assessments and collected data to inform their integrated services. Needs assessments are critical for human services integration. They provide information that informs which partnerships can comprehensively reduce families' risk factors and increase protective factors. Partners such

⁴ The four Assistance in Community Integration Services pilots in Maryland include the Baltimore City Mayor's Office of Homeless Services, Cecil County Health Department, Montgomery County Health and Human Services, and Prince George's County Health Department. The study team spoke to representatives of the Baltimore City pilot for the case studies.

as service providers and cultural brokers can help engage community members. Needs assessments can also be complex, involving a range of data sources and interested parties to develop a well-rounded understanding of a community's strengths and needs, in order to inform integrated approaches. Five sites conducted assessments to identify needs, including environmental scans, consultations with community members, and reviewing data about the predominant needs of community members. The District of Columbia's Families First DC initiative was based on a family-strengthening vision that includes the Families First DC Family Success Centers, which intend to provide supports to families to reduce the risk of future system involvement. Families First DC staff used data to identify neighborhoods where substantiated child abuse and neglect reports were most prevalent and considered social determinants of health to determine priority areas for investment. Staff from Cook Inlet Tribal Council highlighted the importance of social connectedness for the Alaska Native populations it served, and they developed their own five-factors assessment, which included cultural connection as a protective factor.

Families First DC staff

"We are the first responder. [Our staff] ... hear about things firsthand [and] intervene before it becomes an issue.... Before [families] even need [system intervention], [staff] are providing services."

Sites valued incorporating community and cultural values into their practices including administration, service delivery and assessment, and evaluation. Prevention involves strengthening family and community protective factors. Most case study sites highlighted the importance of community and cultural connection as protective factors. Seven sites provided examples of community and cultural values they sought to promote, including diversity, family centeredness, social connectivity, and family strengthening. To ensure State of Hope grantees were grounded in the values and needs of the communities they served, State of Hope trained community members and regional partners to review applications and recommend organizations for funding. Families First DC used community members' feedback to develop and update an ongoing survey for family assessments that was culturally resonant.

Cook Inlet Tribal Council staff

"Social connectedness is really a protective factor. Anchorage is multi-tribal and big and transient, so it's hard to find community here.... This is one of the most important areas of prevention we do. [It] reinforces community and culture."

ONGOING IMPLEMENTATION: WHAT HELPED AND CHALLENGED CASE STUDY SITES AS THEY IMPLEMENTED SERVICES?

Integration with a prevention lens advances how human services have traditionally been delivered, providing new opportunities for both service providers and participants. Integrated approaches can encounter barriers including funding difficulties and infrastructure and workforce challenges (Akers et al. 2023). Case study site staff shared strategies they used to address funding and staffing challenges and discussed how they used data to assess and improve implementation and outcomes.

Diverse, braided, and flexible funding

Sites had to use multiple funding sources to provide integrated services. They used a mixture of federal grants as well as state, local, and foundation sources to meet the needs of participants and sustain their services. Site staff said they focused on diversifying funding sources to avoid depending on one source and sought flexible funding sources. Some states also employed more complex techniques like braiding funding to creatively fund their services.

Sites sought supplementary sources of funding to augment the services they provided. Four sites employed this strategy. For example, even though Vermont Parent Child Center Network staff reported receiving base funding through state general funds, they often sought other funds to increase their ability to support families. These resources, which included Vermont Department of Children and Families funding streams, could help provide housing support, case management, perinatal support services, and education. State of Hope staff noted they wanted grantees to have a variety of funding sources rather than relying on one funding source. State of Hope used Community Based Child Abuse Prevention (CBCAP) grants and Promoting Safe and Stable Families funds to make small grants—typically under \$50,000—to local organizations and provided technical assistance to help them identify and obtain other funding.

Sites valued flexible funding. Funding sources that were flexible made it possible for sites to tailor services to the needs of their communities. Funding sources with restrictions, such as limitations on the use of funds to provide economic supports or the amount that could be used for administrative costs like meetings to coordinate partners, made it challenging for sites to achieve prevention and integration goals. Six sites provided examples of current funding sources or policies demonstrating the flexible funding and support they used, such as CBCAP funding, with its variety of allowable uses. The Tribal 477 Program enabled tribal agencies, such as Cook Inlet Tribal Council, to blend funding sources and circumvent many funding stream-specific requirements.

Sites braided funding to creatively fund services but faced challenges. Three sites described detailed administrative processes for braiding funding sources that involved tracking the discrete initiatives and services for which different funding sources were used. Directors or managers braided funding at the state level and then provided integrated funding to partners or initiative staff. At one state-level site, rules for TANF spending meant that they were unable to provide TANF-funded services to members of some tribal nations. Instead, the site used CBCAP to provide services to those tribal members, while services to other participants were primarily funded with TANF. Staff tracked the types of services and recipients to braid TANF and CBCAP funding.

Sites varied in their experiences managing multiple reporting requirements for braided funding. Staff at one site reported little difficulty braiding funds from the federal Children’s Bureau with similar reporting requirements. However, staff from another site reported that differences in the statutory goals of state funding allocations made it challenging to braid them. Their staff provided a mixture of services allowed under

Braiding funds

Using resources from multiple funding streams to support the total costs of a common goal, such as preventing child maltreatment or homelessness. Each individual funding stream maintains its specific identity, so funds must be tracked separately and administrative costs must be allocated appropriately across funding streams.

Source: Gonzalez and Caronongan 2021

The Tribal 477 Program (Public Law 102-477)

The Tribal 477 Program allowed Cook Inlet Tribal Council to blend funding for core services. The Tribal 477 Program allows tribes to combine different federal funding sources into one budget to meet the needs of tribal members. A Cook Inlet Tribal Council staff member reported that the Tribal 477 Program reduced the organization’s administrative costs and enabled them to blend federal grant funds, such as the Child Care and Development Block grant and Tribal TANF, to provide holistic, community-centered services. Simplified reporting under the Tribal 477 Program also made it easier for Cook Inlet Tribal Council to refer participants to different services without requiring additional forms.

different funding streams. To pay staff salaries, managers needed to match staff time to the allowable activities under each funding stream. As a result, different funding sources covered different portions of staff time.

Processes and structures to minimize staffing challenges

Employing and retaining staff is a challenge in human services broadly. Uncompetitive salaries and the often demanding and emotionally burdensome nature of the work can lead to labor shortages in fields like child welfare (Casey Family Programs 2023; Larson et al. 2005). When integrating services to provide prevention, staffing challenges can be especially disruptive, weakening relationships between partners responsible for integrating services or compromising a program’s capacity to integrate services for participants and families. For example, over three years, the Maine Foster Youth to Independence initiative had to replace two different resident services directors. Because the person in this role coordinated all the social service needs for youth in the program, the site found it difficult to sustain all services and partnerships during transition periods. State of Hope in Georgia was coordinated by one full-time state employee at the Georgia Division of Family and Children Services (DFCS). One staff member reported that communication and collaboration between DFCS and its State of Hope partners were disrupted when there was turnover at DFCS. Despite staffing challenges, sites also described several ways they worked to mitigate its consequences.

Some sites anticipated and planned for staff turnover. Three sites had approaches to minimize disruptions related to turnover. For example, the Baltimore Mayor’s Office, which oversaw the Assistance in Community Integration Services pilot in Baltimore, anticipated widespread shortages of qualified staff in the health care field. As a result, the Mayor’s office discussed staff capacity frequently with service delivery partners to ensure they were actively recruiting when needed and could continue to deliver services in the event of staff turnover. Two sites focused on ways to build internal trust and to create strong staffing structures to share and spread knowledge, recognizing that when staff—particularly leaders—left, they often took with them a wealth of information, cultural knowledge, and long-standing relationships. After a series of staffing changes and the addition of new hires, Family Support and Connections in Oregon began holding monthly meetings with staff where one was focused on the business at hand, and another monthly meeting focused on building personal connections between staff and partners providing services to families.

Data to support continuous quality improvement and monitor outcomes

Sites valued community and participant feedback and reported using data for continuous quality improvement and to monitor outcomes, but they also encountered challenges using partner-reported data. Five sites administered regular surveys to gather ongoing and continuous feedback from participants for quality improvement, including surveys given shortly after a participant received a service. For example, based on survey data, one Vermont Parent Child Center Network location adjusted early childhood services to offer more social-emotional learning supports and additional screening materials for early identification of developmental delays. A staff member from State of Hope in Georgia shared that the site gathered information on the successes and challenges grantees encountered through technical assistance workshops to support continuous quality improvement. Staff across several sites also reported seeing changes in outcomes, such as decreases in teen pregnancies, in youth coming to truancy court or experiencing educational neglect, and in child welfare involvement for families receiving TANF. In addition, Family Support and Connections staff reported that surveyed families highlighted the importance of outcomes related to participant experiences, such as having someone who listens, being connected to resources, and reduced stress.

Program Participant

“Who I was years ago, I’m definitely not now. I don’t have anxiety. I had anxiety really bad, and I don’t currently. I’ve healed so much in my time in the program.”

Staff from three sites cited difficulties with data collection and use that made it challenging to show whether they were making a difference. Managing data from multiple sources to support an integrated prevention approach was a logistical challenge. Different providers brought together in an integrated approach may have their own data systems and reporting requirements, as well as privacy restrictions that impede data sharing. For example, one site provided a centralized system for partners to enter data, but found the data were often incomplete because it was a significant administrative burden for their partners to enter data into that system as well as the required program-specific data systems. Legislation governing data privacy, such as the Federal Educational Rights and Privacy Act, commonly known as FERPA, limited the ability of some partners to share data without signed releases from families. Another site found that implementing a survey to partners to measure the support provided to families and individuals could add burden for partner staff. Partners responsible for completing the survey thought the survey was intrusive and time consuming, while site leaders thought that incomplete survey data hindered their continuous quality improvement process.

Sites were committed to understanding and measuring well-being. Five sites shared well-being outcomes or goals that included connection to culture, family, or community; financial stability; healthy relationships; and engaging in meaningful activities. Sites reported using measures and surveys to collect data on well-being and developed metrics with feedback from participants and community members. Four sites used established measures that assessed the presence of protective factors such as parental and family resilience; social connections and support; access to concrete supports and tangible resources; and parenting knowledge. Cook Inlet Tribal Council developed its own five-factors assessment, which included cultural connection as a protective factor. The State of Hope included economic self-sufficiency as one of four goal or opportunity areas and is a major component of how potential grantees are evaluated.

Partnerships with external evaluators added data and analytic capacity. During discussions with program staff, three sites mentioned working with external evaluators to monitor and evaluate program outcomes. Maryland Assistance in Community Integration Services pilot sites transferred data to a research organization at the University of Maryland, Baltimore County for analysis. Evaluators for this initiative found that 77 percent of participants across the state – including over 90 percent of participants in Baltimore – obtained stable housing while in the program (Mood et al. 2023). Ohio Children’s Trust Fund partnered with evaluators at The

Measuring Well-being

Several sites used established measures to assess the well-being of their participants:

- The [Cantril Ladder](#) is a holistic measure of life satisfaction used by Families First DC. Individuals rate their overall life satisfaction on an eleven-point scale. The scale is represented as a ladder with ten rungs on which the worst life satisfaction is the lowest rung (0) and the best life satisfaction is the top rung (10). Individuals rate their current life satisfaction and what they think their life satisfaction will be in the next five years.
- The [Protective Factors Survey](#) assesses families’ strengths that may reduce the likelihood of child abuse and neglect. These protective factors include family functioning and resiliency, social support, concrete supports, child development and knowledge of parenting, and child nurturing and attachment. Family Support and Connections and Ohio Children’s Trust Fund use the Protective Factors Survey.
- The [Strengthening Families Protective Factors Framework](#), used by the Vermont Parent Child Center Network, emphasizes five elements that may contribute to reducing child abuse and neglect, support healthy child development, and strengthen families. These protective factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

Ohio State University College of Education and Human Ecology and the University of Michigan School of Social Work. Evaluators reported that participants noted how concrete supports reduced parental stress and allowed parents to be more present and patient with their children (Steinman et al. 2023).

IMPROVING IMPLEMENTATION: WHAT DOES THE FUTURE OF THE CASE STUDY SITES LOOK LIKE?

Despite facing challenges, site staff described a deep commitment to transforming human services systems to prevent adverse outcomes for individuals and families.

Promoting sustainability of programs and services. Staff from three sites described being empowered to advocate for their initiative’s continued work and to simplify processes to support sustainability. Cook Inlet Tribal Council advocated for the continued support of the Tribal 477 Program when it participated in consultations for federal, state, and local government because it enabled the organization to blend funding sources and provide its integrated service navigation model. Staff from the Boulder IMPACT Partnership focused on preventing or reducing further system involvement developed and provided feedback on county and state legislation to find opportunities to secure additional funding. Staff at the Ohio Children’s Trust Fund said that evaluation findings were a helpful tool when engaging with the governor’s office and legislators about additional resources.

Recognizing how challenging integrated prevention approaches can be to implement, HHS has provided supports including guidance and communities of practice.

Three sites that provided housing and case management services found it challenging to navigate rules, regulations, and entities related to housing voucher requirements and housing authorities. Recently, [HHS released guidance](#) to help states and localities coordinate U.S. Department of Housing and Urban

Development (HUD) and HHS services for youth and young adults experiencing or at risk of experiencing homelessness, who have previously been in foster care or are aging out of foster. HHS and HUD also partnered on the joint [Housing and Services Partnership Accelerator](#), which has brought integrated prevention service providers together through common interests and challenges.

Staff across sites said they were interested in technical assistance and other supports provided by HHS. Site staff said they wanted training focused on prevention in human services, leadership, understanding flexibility of funding, data, trauma-informed care, and secondary and tertiary prevention approaches. Some staff expressed interest in communities of practice that could bring integrated prevention service providers together through common interests and challenges.

Changing priorities and budgets. Five sites that relied on legislators to appropriate funds every year described a susceptibility to changing political or fiscal priorities. Staff from one site said that because it was a special state initiative, a new gubernatorial administration with different priorities could discontinue it with little warning. In another site, funding for the initiative was temporary. However, the state governor recently allocated funding to spread the initiative across the state. Staff at a third site said political and funding support could wax and wane depending upon the state legislature, governor, and budget and described how local partners could sometimes compete for funding. Staff from this site shared efforts to establish a single funding agreement with the state instead of individual county-level agreements. They believed that consolidating agreements would allow services across the state to be more consistent and help them advocate for funding

IMPACT Partnership staff

“I think it can be really good to be able to learn from other agencies.... [A community of practice] can be challenging to fit into busy day-to-day schedules, but [it’s] helpful to get outside of our own county and hear what others have thought of that we aren’t doing.”

and policies. According to the director of the initiative, a single consolidated agreement between a lead organization and the state would also create the opportunity for more strategic and system-level conversations, support training and technical assistance, and improve data collection across locations.

CONCLUSION

Service integration can reduce burden on individuals and families seeking services by reducing duplicative eligibility, enrollment, service provision, and communication. It enables service providers to work together to support and meet the more immediate needs of individuals and families participating in services before they are in crisis and may help them provide services more efficiently. It also helps to broaden perspectives and goals so that service providers can focus more on strengths and protective factors of those they serve. The case studies highlighted in this brief explored the complexity of integrating services to support prevention goals. Companion products include a brief about integrating services to prevent child welfare system involvement and a brief about how coordinating services with a prevention lens can serve the whole individual or family.

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APPENDIX A. CASE STUDY METHODS

Site identification

The project team conducted a targeted environmental scan to identify integrated approaches for the case studies. To be included, approaches had to: (1) be fully implemented; (2) include multiple partners or service providers; (3) address outcomes related to at least one of the priority areas of the study (promoting housing stability and preventing homelessness, preventing child welfare involvement, and using economic supports or TANF); and (4) have prevention as a goal. The project team sought to identify a group of case study sites that had geographic diversity and had not been the focus of previous research. The scan identified 91 potential initiatives, from which the nine case study sites featured in this brief were selected.

Research questions

The case studies included seven research questions, designed to advance ASPE's understanding of integrated prevention approaches in human services. The research questions were informed by the Quality Implementation Framework (Meyers et al. 2012) and findings from the Advancing Primary Prevention in Human Services convening held in August 2022 (Akers et al. 2023). The purpose of using the Quality Implementation Framework as a foundation for the case study research questions was to help ASPE build a well-rounded and evidence-informed understanding of primary prevention strategies that integrate human services and opportunities to support quality implementation of them. The Advancing Primary Prevention in Human Services convening was a precursor to this research, designed to identify the key components of a primary prevention framework for human services. Prior to beginning data collection, a panel of expert consultants with lived experience in the systems that were the focus of these case studies reviewed a draft of the research questions.

Study research questions

These study research questions apply to states, tribes, territories, and other local jurisdictions that may implement integrated prevention approaches in human services:

- 1. What factors are important to consider in the design and planning of primary prevention approaches that bring multiple programs, policies, and funding streams together?*
- 2. How do implementers center equity in the design and implementation of their integrated prevention approaches?*
- 3. How are implementers deploying and integrating federal programs, policies, and funds, as well as other non-federal resources to prevent economic and familial hardships that lead to traditional human services system involvement?*
- 4. How are implementers assessing their success and tracking improvement? Specifically, what outcomes are they measuring, particularly around economic stability and wellbeing?*
- 5. What barriers do implementers face in implementing integrated prevention strategies? What strategies have implementers used to overcome these barriers?*
- 6. What strategies have implementers used to make integrated prevention strategies sustainable? What barriers have they faced to sustainability, and how have they overcome them?*
- 7. How can HHS support communities in moving toward an achievable, integrated system of prevention within human services that focuses on the promotion of thriving families in which adults, children, and youth are safe, healthy, and have chances for educational advancement and economic mobility?*

Case study sites

The Case Studies in Supporting Prevention Through Program Integration project included nine sites:

- **Boulder County IMPACT Partnership** supports young people and families engaged with multiple systems, such as the juvenile justice and child welfare systems. Multiple partners work to address the root causes of challenges that bring youth to the attention of these systems.
- **Cook Inlet Tribal Council** is a nonprofit organization with tribal authority serving American Indian and Alaska Native people residing in the Cook Inlet region of south-central Alaska. Their primary areas of focus include child and family services, education, early childhood learning, youth development, addiction and recovery services, career development, and employment and training. They also have a program to coordinate housing services for indigenous Cook Inlet region residents facing housing instability.
- **Families First DC** funds Family Success Centers in three wards in the District of Columbia. Staff at the centers offer service navigation to meet families' broad needs, community-centered programming, and provide emergency materials and supplies for stabilization when needed.
- **State of Hope** is an initiative operated by the Georgia Division of Family and Children Services and funds networks of nonprofit partners, such as community based organizations, government agencies, and philanthropic organizations, to implement projects that can prevent foster care involvement. The projects address education, trauma-informed practices and awareness, caregiving, and economic self-sufficiency for families.
- **Maine Foster Youth to Independence** is a joint initiative of the Maine Department of Health and Human Services and the Portland Housing Authority, supports young adults between ages 18 and 25 who have experienced foster care and need housing support. The initiative helps participants find and keep housing—including through direct housing vouchers and by connecting them to services that promote education, employment, economic mobility, and self-sufficiency.
- **Maryland Assistance in Community Integration Services Pilot** provides tenancy and case management services to help individuals with chronic or emergency health challenges obtain housing and other medical and social services. Maryland conducted the pilot using Medicaid waiver funds in four jurisdictions Baltimore City, Cecil County, Montgomery County, and Prince George's County before authorizing state funds to expand the pilot.
- **Ohio Children's Trust Fund** implements the online version of the Positive Parenting Program+ (Triple P+). The initiative provides free parenting courses, and interested families can receive supplemental coaching from accredited parent educators. Families who receive home-visiting support also receive a gift card for basic needs due to elevated financial risk identified during an assessment.
- **Oregon Department of Human Services Family Support and Connections** helps families with low incomes by connecting them to a Family Advocate. Advocates use home visits to help families address emergent needs and increase protective factors to prevent child abuse and neglect.
- **Vermont Parent Child Center Network** coordinates general prevention services for families with low incomes through 15 Parent Child Centers located throughout the state of Vermont. These centers use a family-centered, multi-generational, strengths-based approach to both treat and prevent adverse childhood experiences in families.

Data collection

The study team conducted telephone interviews with four staff and one service recipient from each case study site between March and July 2024, for a total of 45 total respondents. The program staff included program directors, mid-level managers and supervisors, and staff providing direct services to participants. We worked

with a program director or manager with each site to identify the staff best positioned to respond to the study research questions. Each interview was conducted by a trained interviewer and a note taker from the project team. Project leaders attended several staff interviews for quality assurance and ASPE staff attended some of the staff interviews as an additional listener.

To structure our conversations, we developed a master study protocol with a bank of questions in a set of topics (Table A.1). The topics were designed to ensure coverage of the case study research questions. The protocols were also reviewed by the panel of consultants with lived experience in the systems that the case studies focused on. Once respondents were identified at each site, project team members created custom protocols for each respondent, drawing on the question bank as well as tailored probes.

Table A.1. Master study protocol question topics

Topic	Content
Approach	Overall approach to providing integrated services and addressing prevention goals
Design	How integrated approaches identified the need for prevention services, how they developed their approach, and how they engaged affected communities in the design of integrated services
Staffing	Organizational structure and staff needed for administering the integrated approach
Integration and funding	Primary funding sources and how they are blended and braided to provide integrated services; requirements of funding sources
Decision-making	How strategic planning and decisions are made in the integrated approach, who is involved, and how data inform decision-making; how the approach engages affected communities in decision-making and sharing results
Ongoing implementation	Challenges and successes in integrating and providing services; how participants are identified and engaged in services
Assessing success	What outcome data are collected; how the data are shared and used; and successes observed
Sustainability	Plans for and threats to sustainability; anticipated changes

Analysis

The project team conducted deductive and inductive coding to identify themes and analyze data collected through the interviews. Prior to the start of data collection, the project team developed a codebook aligned with the master protocol. After an interview, the members of the project team that conducted the interview cleaned the notes, loaded them into NVivo, a qualitative analysis package, and coded them according to the codebook. After all interview notes went through an initial round of deductive coding, teams downloaded NVivo output for each deductive code and conducted a round of inductive coding to identify emergent themes. Team members met regularly to ensure internal validity of the coding, discuss questions, and emerging themes. Project leaders conducted spot checks and quality assurance during the deductive and inductive phases of coding.

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