Escalating costs and growing service demands mean health and human services (HHS) agencies must improve service delivery efficiency while transforming systems of care in ways that lead to better outcomes. Data is key to those efforts.

Data-driven insights enable agencies to build informed views of individuals and families, positioning them to intervene earlier and more effectively. Data and analytics empower HHS agencies to become more collaborative, generate insights around quality of care and eliminate redundancies.

The recently enacted Family First Prevention Services Act (FFPSA) is another driver for improved data collection and use. Under FFPSA, HHS agencies are entitled to receive federal funding equal to at least 50 percent of their costs, provided the services and programs meet certain evidence-based standards. HHS agencies must be prepared to collect the data they need to prove they meet those requirements.

Governing recently hosted a roundtable with HHS leaders to discuss how agencies can realize the potential of data and digital tools to implement more personalized, coordinated and cost-effective systems of care. This paper covers some of what was discussed at that meeting and explores how HHS leaders are building better citizen experiences.

Achieving Whole Person Care

Most legacy HHS systems are oriented around the convenience and operational efficiency of institutions and providers. It’s a common belief that this system-centered care delivers cost effectiveness. But there is growing understanding that person-centered, evidence-informed approaches to social services achieve better results. Creating a more human-centered experience can unlock operational efficiencies by allowing organizations to deliver the right mix of services at the right place and the right time via a unified, coordinated care management system.

Data and data sharing are core elements of an effective whole person care program. HHS leaders are exploring ways to break down data-sharing barriers and implement digital tools that support more personalized, coordinated and cost-effective systems of care.

“Data can help us achieve a complete picture of an individual or family,” says Karla Bruce-Choice, chief equity officer at Fairfax County, Virginia. "Having the data allows you to intervene earlier and move prevention further upstream, taking the weight off other entities like the school systems or law enforcement.”

Fairfax County collects data from multiple county health, housing and human services agencies to improve care. Currently, the county uses more than 70 information systems to support programs and functions across eight HHS agencies. Few of these systems exchange information, and the information sharing processes that do exist are fragmented, says Bruce-Choice.

The county is working towards a Health and Human Services Integrative System that pulls data from these systems to help the county use its resources more effectively and deliver a scalable set of person-centered services. It will also enable the county to use analytics to improve planning and budgeting activities.

Similar efforts are underway at the Montgomery County Department of Health and Human Services (DHHS) in Maryland,
an office established in 1997 following the merger of four county HHS departments. At the time, county leaders hoped combining departments would result in coordinated delivery of services and benefits to families. But siloed systems still didn’t share data, leaving caseworkers and the county’s clientele frustrated with a model that required repeated visits and redundant data entry. In 2009, DHHS leaders pulled information from the 136 information systems in use and found approximately one-third of the agency’s clients were accessing three or more services.

In 2014, DHHS launched the Enterprise Integrated Case Management (EICM) system to improve service delivery to Montgomery County residents. Today, EICM pulls data from the county’s disparate systems to enable staff throughout DHHS to access a 360-degree view of client history and concurrent service activity information. The system also improved billing, allowing the agency to recover $2.5 million by 2018.¹

**Managing Data Integration**

Better social services intervention requires data integration to build informed views at the individual or family level. But data integration is challenging, especially when that data resides in multiple siloed systems.

Maryland is known as an innovator, but in attempting to integrate its HHS data, the state was hamstrung by legacy technology.

Rather than patch together existing legacy systems, Maryland addressed its data integration challenges with a statewide initiative that essentially scrapped siloed legacy systems and replaced them with a new cloud-enabled platform known as Maryland’s Total Human-services Information Network (MD THINK) that enables data sharing from the ground up.

“Ultimately, MD THINK will allow county HHS workers to make critical connections with those needing our services while enhanced data analytics will better enable state agencies to deliver high levels of service that promote greater outcomes and allow families to be more successful,” says Gloria Brown Burnett, social services director in Prince George’s County, Maryland.

**The Road Forward**

Integrating disparate HHS systems and data is messy, but the technology required to make HHS agencies more effective through integrated, human-centered approaches already exists.

The examples in this paper represent two approaches HHS agencies can use to harness the power of data to better understand the needs of the populations they serve. The Maryland approach involves starting fresh with a platform that enables uniformity, uses a common data model, and allows for integration and application programming interfaces (APIs) to put all HHS data in one place and in one model. That option can be expensive and isn’t within reach for every agency. The Fairfax and Montgomery County approaches involve extracting data from existing systems and leveraging big data tools to put them into a common model where data can be shared and used to inform analytics. This approach can be less expensive but more challenging from a data integration perspective. Either approach requires the right people, processes and technologies.

**Conclusion**

State and local governments continue to grapple with the complex challenges of designing integrated, human-centered HHS services. But these challenges also present an opportunity to develop new models that strive for integrated delivery and enable data sharing and service integration across agency partners. Done correctly, these approaches help agencies deliver the right assistance to the right people at the right time.

To get there, HHS agencies need flexible tools that harness the power of data to better understand the needs of the populations they serve, enable inter-agency collaboration and empower innovation. Fortunately, more sophisticated data analytics solutions enable shared planning, robust data exchange, improved outcomes and shared accountability while increasing an agency’s ability to assess program performance, identify long-term trends and create efficiencies.

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¹ [https://www.montgomerycountymd.gov/HHS/AboutHHS/TechMod.html](https://www.montgomerycountymd.gov/HHS/AboutHHS/TechMod.html)