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EVOLVE: A Framework for Integration



Integrating health and human services is a complex, time-consuming undertaking. Although integration efforts across the country provide us with rich examples and lessons learned, it is useful to have a theoretic model to guide our efforts.

This article seeks to outline a thought model for the integration of health and human services—the EVOLVE Integration Model—that describes some of the key factors that must be considered in the development of a well-functioning, sustainable, and integrated health and human services system.

The EVOLVE Integration Model is flexible and fluid and can be applied to all levels of planning, from design through implementation. While we strongly recommend assessing the environment first, other sequences can be approached in any order, tailored to the specific needs of integration partners no matter where they are in the integration process.

Environment

Although the EVOLVE Integration Model is flexible, it is helpful to begin with an assessment that explores the cultural, political, operational, policy, and financial landscape to prepare for integration.

Existing readiness assessments,¹ which are available in the public domain, can be modified for this purpose. Areas covered should include system administration and structure, workforce capacity, data management systems, funding, training, communication, political culture, regulatory context, mechanisms for quality assurance and evaluation, identified partners and champions, foreseen barriers and challenges, risk mitigation strategies,² and whatever else is unique to the system.

The structure and daily operations for each of the systems involved in the integration effort should be explored,

since each system will have its own cultural and operational structures. For instance, North Carolina has a county-based child welfare system, yet its behavioral health system is regionalized. Arizona also has a regionalized behavioral health system (although not all regions have tribal behavioral health services), but its child welfare system is state supervised with a centralized administrative system. All of this is significant when it's time to merge systems.³

To complete a readiness assessment, the integration team should engage individuals with an understanding of each of the essential systems. Individuals with Medicaid and information technology experience, for example, are significant partners in health and human services integration and should be included from the beginning. In addition, clients and other external stakeholders can provide a unique perspective on the existing environment.

Values

The challenging and meaningful work of health and human services integration is most effective when it includes a focus on shared values, such as racial equity and social and economic mobility.

Values transcend all aspects of integrative work. At the onset, it is helpful to know, at a minimum, if the health and human services systems at the center of the integration efforts share core values and competencies. For instance, do the individuals from each system agree to make their systems as person centered as possible? Are they willing to prioritize evidence-based programs? Are they committed to timely service delivery? Do they believe that client perspectives are critical? Are they committed to addressing health and racial disparities? Building a value proposition for each partner is a way to underscore the value each organization derives from participating in the integration process and to promoting an understanding of mutual and individualized goals and interests.

Once shared values have been identified, jointly defining an explicit set of principles to guide decision-making for integration is an important step. Some integration or coordinated service delivery models are predicated on a core set of values, such as the System of Care Model developed by Stroul and Friedman,⁴ which emphasizes principles of coordinated care and shared decision-making.⁵ Such is the case in Cuyahoga County, Ohio, where government agencies, providers, and the community work together to improve service delivery and access to care for youth and their families.⁶ The model cannot be effectively implemented, however, without buy-in from middle management and top leadership, as well as agreement to a body of principles that reflect the shared value system.

It is not necessary that one particular value model be employed for the integration process, only for the parties to agree on a set of shared values that will drive integration. Drilling down to the partners' core values to determine the heart of the integration ecosystem gives purpose to transformation partners and keeps parties from getting derailed by minutia.

Opportunity

Integration opportunities arise from a range of sources and sometimes under unlikely circumstances.

Adversity is one such circumstance. Federal consent decrees, for example, have catalyzed partial systems integration in New Jersey and Michigan. Without a federal mandate that came from a child welfare class action lawsuit, and sufficient funding appropriated by state legislators in response to that mandate, the New Jersey Department of Children and Families might not have been created in 2006.

In Michigan, although the former Departments of Human Services and Community Health had tried to partner before, a \$1.76 million federal penalty retraction was used to jumpstart a Medicaid waiver⁷ for individuals with severe emotional disturbances (SED), providing additional mental health services to children in foster care.

The joint work on the SED waiver between the two departments served as a catalyst for considerable integrative work in other areas of child welfare. It also simplified later efforts in child welfare and behavioral health when the two departments formally merged in 2015.

Mapping projects, programs, funding, and initiatives can also create opportunities to reduce duplication, align processes, promote collaboration, and create a path to integration. Financial mapping of the systems, for example, helps identify all viable traditional and non-traditional resources and can increase funding and build relationships across systems, which is essential during the integration process.

Mapping initiatives around a particular topic, such as trauma-informed care, can create opportunities for service integration as well. Like financial mapping, project or program mapping can reveal opportunities that would normally go unrecognized.

Integration also provides opportunities to review redundant policies and procedures that hinder creativity. Policies must be clear and concise, foster integration through intent and language, and directly involve individuals from the field who will have to implement them.

Leadership

Leadership is a quality easily recognized when seen, but sometimes difficult to quantify. Most organizational leadership definitions include acquiring and sharing knowledge, keeping people focused and motivated, possessing integrity and a strong work ethic, and more. Strong leadership must be supported by a robust governance structure to guide integration decision-making and implementation.

For purposes of systems integration, the leadership definition needs to be expanded. It should include not only traditional organizational leaders, but also individuals who influence and inspire, regardless of their job title or role in the system. Middle managers, for example, are vital during system integration, due to their strong content knowledge of the system and their ability to work around bureaucratic challenges.

Although buy-in from top leaders is critical to start integration efforts and move through various challenges along the way, the actual leaders can and must change throughout design and deployment, depending on the stage or integration task at hand. To promote a seamless transition and sustain momentum, new integration leaders should be “deputized” to make commitments and decisions on behalf of their organizations.

Critics, too—those who recognize the policies and practices that need to change—can be powerful integration champions. By bringing critics to the table early, and addressing their concerns along the way, integration efforts thrive.

The best integration leadership teams are diverse in many ways—in experience, strengths, position, and expertise. It is important to have experts in information technology, but also experts in finance, in client services, in business operations, and more.

Ultimately, leaders of integration initiatives need to play a dual role. They need to build a strong constituency that will promote and sustain integration long beyond their tenure and they need to offer strategic guidance,

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learning from failures when necessary but also steering clear of challenges that could impede momentum and expend unnecessary time, energy, and resources. When executive leadership has a constant presence in this work, it shows others in the organization that integration remains a priority.

Validation

Validation provides the opportunity to reflect on and evaluate progress. It is also important to ensure that organizations are meeting their integration goals. To aid in this process, partners should define and reach consensus on what success looks like from the beginning, while leaving flexibility to iterate as necessary. Validation can come from staff, clients, or experts in a relevant field.

Several methods can assist organizations in validating that their work is having the desired impact. Focus groups and surveys can provide an opportunity for leadership to hear from front-line staff and clients, in particular. Often, these qualitative methods can help organizations identify issues with a program before they become evident in quantitative data. Once feedback is received, decision trees can aid in the selection of evidence-based practices (EBPs), taking into account preferences of individuals at all levels of the participating systems.

On a more sophisticated level, a learning collaborative (LC) or breakthrough series collaborative (BSC) can help organizations understand and prioritize the role of evidence and impact in their work.

The learning collaborative approach “focuses on spreading, adopting, and adapting best practices across diverse service settings and creating changes in organizations that promote the delivery of effective interventions and services.”⁸ It emphasizes learning principles, interactive training methods and coaching, and skill-focused learning; follow-up consultation activities, feedback loops, and resources to support sustained learning; and opportunities to practice new skills and share progress through the collaborative.

Another reinforced learning model is the BSC, developed in 1995 by the Institute for Healthcare Improvement, to help organizations close the gap between what they know and what they do, while promoting continuous quality improvement. A BSC is a structured opportunity for interested organizations to easily learn from each other and from recognized experts in specific areas where they want to make improvements.

The LC and BSC models are inclusive, allowing feedback from staff and building data collection into the methodology. Although labor intensive, these reinforced learning models promote relationship building and can be used to identify champions for EBP implementation.

Engagement

An integrated culture within health and human services organizations is not achieved in a silo. To produce meaningful systems change, organizations must build and maintain bridges rather than build walls. This work can be difficult, and acknowledging successes during the process can be vital to maintaining stakeholder engagement. In addition, frequently revisiting shared values and principles can keep organizations grounded in their goals during integration. Efforts should highlight key performance indicators and benchmarks of success from other public-sector organizations, and always consider the collective impact on the individual and families. There are three major groups of stakeholders that must be engaged in decision-making and planning to ensure buy-in and produce sustainable change.

Engaging client voices during systems transformation will allow organizations to prioritize person-centered approaches and incorporate feedback from individuals who have first-hand experience accessing care. Effectively incorporating client voices can take time. Barriers that clients experience may not align with an organization’s perceived barriers. This can provide valuable insight around service delivery improvement but may also require organizations to reprioritize their goals and objectives.


Leadership and staff can build trust within the community by recognizing the service population as a partner, and incorporating client voices in policy and practice can positively shape an organization’s internal culture.

Front-line staff is easily overlooked during systems change, especially when an organization is accustomed to making decisions from the top down. However, engaging front-line staff throughout the integration process is an excellent way to create champions of integration, garner support for new initiatives, and avoid burnout. In Boulder County, the Department of Housing and Human Services leadership worked to increase buy-in and support from caseworkers through capacity-building activities and a traveling “coffee klatch” that encouraged staff participation in integration discussions. Without support from staff that is working directly with clients, a person-centered model will fall short of achieving its goals.

Finally, community-based organizations can be important partners to engage during the integration process. Health and human services organizations often work closely with community nonprofits that provide supportive services to a shared client base. However, it is important to remember that these organizations are often understaffed, underfunded, and overburdened. As such, partnering in integration should offer supportive infrastructure and funding to help increase capacity of community organizations. Identifying areas to improve process with interdepartmental partners can strengthen integration efforts by promoting seamless work flows and warm handoffs. Organizations working toward integration should also consider looking beyond existing collaborations to work with new partners in their community.

Proper engagement of internal and external stakeholders throughout the integration process contributes to an honest, reciprocal relationship built upon trust. When it comes time to implement important changes, the groundwork laid through early engagement will help ensure success.

In Summary

Across the United States and around the world, many organizations are attempting to integrate their services and systems for the multiple benefits integration provides. However, many integration efforts have stalled, and some have failed, because this work is hard, and some partners do not fully reflect on aspects essential to successful integration. The EVOLVE Integration Model provides an important framework to guide health and human services organizations toward effective and sustainable integration. 

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Reference Notes

1. There are many excellent integration readiness assessments, including ones from the National Council for Behavioral Health Center for Excellence for Integrated Solutions (<https://www.thenationalcouncil.org/integrated-health-coe/resources/>) and the Nonprofit Network (https://www.nonprofnetwork.org/resources/Documents/Organizational_Readiness_Assessment_Tool.pdf).
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