

More on Public Sector Partnerships

Human Services Integration: Past and Present Challenges in Public Administration

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What is the status of the human services integration movement? Born in the 1960s, efforts at human services integration (SI) seemed to subside during the late 1970s and early 1980s. Robert Agranoff demonstrates that the SI movement is alive and flourishing in a variety of forms throughout the country. Contemporary SI efforts are more modest and concentrated, but they share a common feature—a framework—which Agranoff presents in this article. Providing many examples of current SI programs, Agranoff ends by stressing the challenge that the movement poses for public administration. Central to that challenge is the need to adopt a new paradigm that replaces the old emphasis on single organizational structures with a “transorganizational management” perspective.

Human services integration (SI) refers to the quest for the development of systems that are responsive to the multiple needs of persons at-risk: victims of the most severe social problems. Integration appears under many different labels; for example, community integration, comprehensive services, coherent services, broad spectrum of services, and coordinated services. Interest in services integration dates to the middle 1960s, when social programs expanded and a wide range of professionals and advocates recognized the efficacy of dealing with multiple causes and responses to problems. Because social program growth was largely a public-sector phenomenon, public administration became increasingly interested in how to “manage” the range of social programs for the best results. An SI “movement” began during the 1960s, and although it sometimes appears under different names, the quest continues. This article attempts to capture the essence of the SI movement—historical and contemporary—and explain why it is such an enduring problem and challenge to public administration. The intractability of SI lies in the need for public managers to develop approaches and techniques for the management of transorganizational systems.

The Concern for Services Integration

Interestingly, one can start with either services integration’s past or present to address this issue. In the 1960s and early 1970s, many problem cases were reported, such as that of the “W” family, a family of five that was living with an elderly parent, initially seeking food and clothing until the head of household found employment. Upon further screening, it was discovered that not only were there considerable parental educational deficits, but the children suffered from severe physical health problems, the older children were involved in street gangs, one was on drugs, and one child was mentally retarded. The problem was that the mother came to the welfare department for emergency help, and there was no organized means of dealing with all of these problems. Appropriate responses required the independent actions of some 15 separate public and non-profit agencies (Mikulecky, 1974).

A 1989 report from a rural area discusses the case of Becky, an 18-year-old single mother with a ninth grade education, no means of transportation, low self-esteem, living in the country with her parents, and suffering from occasional physical abuse from her father. Her only connection with the human services system was the receipt of AFDC benefits (Levitan, Magnum, and Pines, 1989). The two cases are similar in that the problems were multiple and the prospects for response were similar in that no system was in place to meet a broad spectrum of needs.

These cases suggest why there is such a great deal of concern about SI. The best minds in social policy and administration agree that comprehensive responses are needed for these and similar problems. If one thinks in terms of client-driven systems, at least to the extent that clients can activate multiple problems or clients and client advocates can identify them, one begins with the identification of need. The next step is finding the appropriate program and service responses, accessing them, and ensuring that clients' needs are met. Then one must ensure that clients indeed receive the services. Finally, one would expect to continue evaluating the services to see that they have, both individually and collectively, helped to alleviate the social suffering, moving clients toward independence and full community participation. The task for the public and human service administrator, then, is to design systems that are responsive to this process, thus meeting the multiple needs of those people most at-risk.

The task is easier to identify than to accomplish. Clients do not easily articulate all of their problems. Even if they are able to identify all their needs, client advocates face a host of barriers in developing access to needed services: incompatible federal and/or state eligibility standards or other rules, funding limitations, professional dislike of working with certain clients, restrictive agency operating policies, and lack of available services. The agencies present barriers because they are usually at separate locations posing distance problems, have different intake procedures, and often choose to protect their resources by refusing to coordinate with other agencies. To compound these problems, agencies are funded by programs that generate these barriers, because public policy is addressed to meet single (or related) problems that somehow have to be meshed when the service and client converge. Thus, the task in developing means to meet multiple needs is one of the most difficult challenges for those who work in the human services. That is why SI is such an enduring problem.

Evolution of Services Integration

Attention to SI resulted from those efforts to deal with the problems of poverty that emerged around the time of the enactment of the Economic Opportunity Act of 1964. Underlying themes in the act (such as correction of causes, coordination of efforts, developmental services like education and training, local initiative, and the role of the poor in solving problems) have proved to be antecedents to subsequent SI (Kershaw, 1970). Meanwhile, professionals and advocates

in areas such as community health, mental health, vocational rehabilitation, and social services called for a broadening of their core-services approaches to involve advocacy and accessing other services for their clients. Traditional community planning agencies began to include public agency members and began to develop systems of services that cut across service agencies. In addition, linkages that incorporated case management, information, and referral were built into the nearly 2,000 collocated neighborhood centers and settlement houses in the United States. A search for more coherent policy emerged from the need of those developing community systems to go beyond the creation of linkages and develop ways to govern their systems. They found themselves developing general plans and procedures to overcome the cumbersome case-by-case approach. Policy development also emerged in general-purpose governments, where county executives, mayors, and governors sought to combine disparate programs to support jurisdictional purposes. Finally, the effort to create departments initially flowed from the consolidation orientation of the government reorganization movement. Human services became the most visible agencies to combine, since they were such a large part of many governments, in terms of programs, personnel, and budget. After consolidation, however, these departments learned that restructuring alone would not integrate services.

The SI movement was also encouraged by the federal government. The earliest and most notable efforts were the U.S. Department of Health, Education, and Welfare's (HEW) Services Integration Targets of Opportunity (SITO) and Partnership projects (Yessian, 1991). The SITO program, which began in 1972, emphasized interagency program linkages, primarily at the local level, in the fiscal, personnel, planning and programming, administrative support, core services, and case coordination areas (John, 1977). In 1974 the Partnership Program addressed itself to enhancing the ability of state and local officials in establishing and managing comprehensive human services systems, with an emphasis on planning, management, and innovative program designs (Agranoff and Pattakos, 1979). Meanwhile, the contribution of umbrella human services departments to SI was gauged by national and regional organizations, and two national reports on these structures were issued (Agranoff, 1977; Council of State Governments, 1974). When HEW became Health and Human Services (HHS) during the Carter administration, there were modest efforts to review the federal regulatory, planning and program barriers to coordinated services and to identify strategies at the national level to facilitate smoother planning and services delivery (Yessian, 1991). Nevertheless, by the late 1970s and early 1980s, SI as formal or comprehensive program efforts appeared to have receded. There were no more federal initiatives. The early Reagan administration strategy was focused elsewhere: on the enactment of block grants and on funding reductions. Governors and mayors were no longer talking about integrated services; they were talking about the human impacts of federal budget cuts.

Reports of the demise of SI were premature. In each of many service areas (e.g., mental retardation, mental health,

vocational rehabilitation, and child welfare) there were ongoing attempts to build "comprehensive community services" designed to meet the needs of targeted clients. Also about the time of the federal budget reductions, attention to responding to the needs of the homeless and hungry, the elderly, children at-risk, and persons with AIDS all indicated a need for some sort of integrative activity. Then the principles surrounding welfare reform put SI back on center stage. Congressional interest in this issue generated a small Services Integration Pilot Projects program (SIP), centered on economic self-sufficiency, with a primary focus on case management, which required "networking among the entire spectrum of services and providers within a community" (Dolson, 1989). These forces sustained the life of SI.

Services Integration Defined

At one time, many pages in the public administration literature were devoted to defining SI. A number of articles on the subject were published in *Public Administration Review* (Teasley and Ready, 1981; Redburn, 1977), and the American Society for Public Administration devoted a special publication to the subject (Mikulecky, 1974). Two books, built on extant experiences in the 1970s, addressed SI as broad-gauged managerial efforts (Agranoff and Pattakos, 1979; Gans and Horton, 1975). In addition, a series of monographs on components of integration were published through the 1970s (Gardner, 1976). Yet by the 1980s, the professional literature only sporadically mentioned SI as a focused program effort, although research relating to its aims was very common (Calista, 1986; Immersheim and Associates, 1983).

In practice, integration involved attempts to promote coordinated responses to the needs of persons most at-risk. In a 1971 memorandum, HEW Secretary Elliot Richardson suggested that SI is 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 the existing commitments and resources" (Agranoff and Pattakos, 1979, p. 2). Similar aims were being articulated at the local level. For example, a Lancaster County, Pennsylvania, project in 1972 suggested that SI means coordinating the large number of services: consolidating indirect service activities, such as intake, referral, followup, outreach, and administration tasks; development of a multiservice plan for each client with many needs or problems; continuous individual case accounting and evaluation; continuous overall planning and evaluation of the whole system of existing services (Burkholder, 1972). These practitioner reflections on the early movement underscore part of SI's complexity.

The research literature reflected this diversity. Redburn (1977) suggests that SI involves two basic aspects: structural changes in government programs that administer human services and changes in the nature of services and their delivery. The problem, he argues, is that it is assumed there is a causal relationship between structural change and service delivery, which there often is not. The link perhaps serves political purposes more than actual changes (Redburn, 1977). Others,

such as Calista (1986), suggest that the essence of integration involves both decentralization and coordination of services. These two efforts enable the delivering of services as a "whole." According to Immersheim and associates (1983), the basic problem that SI addresses is an age-old problem of organizational decisionmaking, which can be thought of as in four categories: problems, solutions, participants, and choice opportunities. In the situation of multiple-need clients facing different programs and organizations, relevant parties such as clients and intake workers may know the problems and solutions but not have direct access to services that can help solve problems. Thus, integration becomes a means to providing a greater range of organizational solutions, both within and between governmental services.

The attempt to get various policies or programs to work together is an additional public management activity that was associated with SI. The public administration literature of the mid-1970s frequently discussed problems in management and organization created by numerous fragmented and overlapping national and state programs. A special publication by the U.S. Office of Management and Budget (1975), *Strengthening Public Management in the Intergovernmental System*, called for better management by problem or place through broader planning and allocation processes that combined program efforts to meet jurisdictional needs. Several federal programs, for example, could be used to meet the needs of disadvantaged populations, such as children, youth, and the elderly (US Office of Personnel Management, 1975). As a result, SI was defined by Agranoff and Pattakos (1979) in an HHS commissioned study as fourfold: redefined, more generalist services approaches; enhanced community-level program linkages; improved efforts at policy management; and designed, more supportive organizational structures. There were numerous manifestations of each of these components through the 1970s, and it was believed that broad system overhaul along these lines was the only way to achieve SI success.

Underlying Elements of Current SI: A Framework

The "grand designs" of creating integrated services that meet all the needs of persons and families at-risk, hoped for in programs like SITO and Partnership, have given way to more modest, concentrated efforts. Perhaps the greatest difference between earlier integration and contemporary efforts is targeting, i.e., integration that focuses on particular sets of problems or populations. Nevertheless, current integration efforts suggest that three interdependent public management activities appear to be involved in successful SI. First is the attempt to develop policies or strategies that will support integration at the services and program implementation levels. Second is the attempt to forge operating plans that position programs so that case-by-case service level integration is externally supported. Third is the development of local systems, with various service interfacing, at the level where the client potentially receives services. The movement of the

1980s and 1990s is a fertile field of focused or selective efforts to meet the needs of multiple-problem clients that can be understood as involving these overlapping functions.

Policy or strategy development can come in many forms. To the extent that national and state public policies can be revised, such as those that mandate that states and localities undertake specific integrating activities, SI will be enhanced but will not be complete. In order to develop agreed-upon courses of action, public program interface must also take place at the executive decision level. Top executives must make programs work interactively in order to facilitate efforts down the line. For example, the department heads of independent human services departments or the top staff at the apex of a combined agency must meet on an equal footing and decide which organizational commitments—dollars, information, people—will be made to support an integrated effort. These commitments could be contracts for services, shared staff, automatic eligibility, a case-management system, a joint taxonomy, or many other integrative tools. The decisions to integrate must start with those who have the authority to share and dedicate a portion of an organization's domain. To be sure, the people at the top may have to consult with their next level operational managers for details of operations, but the executives need to make the decisions. At the community level, it may be a policy body made up of elected officials and executives from funding agencies or a group of service-provider executives. Those officials with authority to commit their organizations must guide the process by framing the parameters of the integrated effort. This policy or strategic capability needs to be built into the framework of successful SI efforts.

Operational decisions flow from the strategies of executives and top staff. Managers just below the top (e.g., categorical program heads, planning directors, budget deputies, agency program directors, information system chiefs, and so on) work out the key details and agency "turf" problems relating to how each integrated policy element is to be executed. Perhaps the most essential component at this stage of activities is the development of a continuum of services so that clients in the field can access them. Another key element is finding funding sources and working out client eligibility. These managers possess two important qualities to do the job, a relatively high degree of program knowledge and detail (of their own area) and delegated authority from those at the top of their organizations to make acceptable "middle-level" commitments of their entity. If the integrative effort is to be field interactive, operational decisions might involve the active participation of field-level actors: agency heads, service workers, clients, and advocates. Their "real-world" input may help refine and make realistic the operations that will be put in place. Thus, at this stage, the parameters are delineated, e.g., the kinds of integrated services that will be undertaken, who will do it, method of payment, the kind of information it will yield, and the results that should be expected. The ability to plan and delineate operations—a joint effort—also appears essential to success before service delivery supports are put in place.

Services interaction then unfolds at the delivery level through creation of various systemic linkages. The most common of these linkages appears to be case management, information and referral, interagency agreements, collocation, advocacy, access to other needed services, and client monitoring. Many other linkages, such as coapplication/coeligibility procedures, program consolidation, and noncategorical funding may also have to be developed. Agents who create these delivery features will also have to work to develop continuua of services in their communities. As mentioned, putting these features in place is enhanced by policy and operational decisions that facilitate local efforts. They avoid the need to deal with the client by creating a new service response on a case-by-case basis. Experience suggests that integration at this level can occur under many auspices, through a lead agency, in a single-core service, through pooled staff, even by all caseworkers working on an on-line computer system. In other words, at this third level, specific means have to be developed so that clients' needs can be met.

Services Integration Efforts and Contemporary Social Agendas

This framework can be explored by reviewing the various loci of SI as it has shifted from comprehensive programming to targeted efforts. Examples of this diversity demonstrate the current problem orientation as well as the three underlying public management actions.

SITO and Partnership Projects

Those persons who believe that federal government research and development projects completely die when federal dollars evaporate are mistaken. Although names and emphases may have changed, several of the 45 SITO services delivery and 84 partnership governmental capacity projects remain in similar or refined form. For example, the SITO-funded effort to pilot county human services boards in rural Minnesota has been expanded to the entire state. Initially, these boards were involved in joint planning and budgeting. Subsequently they became involved in services delivery integration by developing case management, information, and referral systems. These local services systems have been focused on target groups, such as at-risk children, homebound elderly, and victims of domestic violence. Minnesota boards can integrate services through local control of state-funded programs.

A partnership project that remains in its essential form is the Columbus, Ohio, Metropolitan Human Services Commission (MHSC), a public-private planning organization that annually builds 32 different program profiles, conducts needs surveys, evaluates locally funded agencies, analyzes local finances, and develops a series of interagency plans and operating policies in selected problem areas. Although once represented by a variety of agencies, MHSC now is operated by the three major local funders, Franklin County, the City of Columbus, and the United Way.

Targeted Populations

Clearly the most prevalent efforts at integrating services are efforts to access clients to comprehensive service systems designed to meet the multiple needs of particular client populations. The variety of client groups are both age-based (children, youth, and the elderly) and impairment-based (mentally ill, physically handicapped, and developmentally disabled). With the encouragement of national and state legislation in many of these areas, SI has been very much alive in creating systems of services. Such systems normally include single points of contact, case management, an array of services options made possible by inter-agency agreements, and sometimes purchase of services capability.

The 1980s proved to be a decade of advocate and political concern directed at children and youth at-risk. In addition to welfare dependency, social problems of the young came to receive greater attention: teen pregnancy, violent crime, school dropouts, substance abuse, and unemployability/illiteracy. In her widely read book, *Within Our Reach*, Schorr (1988) studied successful programs and concluded that the cycle of disadvantage and "rotten outcomes" can be broken by some careful attention to program designs that include "high intensity" services. Specifically, she identifies interventions that work: offering of a broad spectrum of services; the need to cross traditional professional and bureaucratic boundaries; fundamentally flexible programs; viewing the child in the context of the family and family surroundings; professional respect for clients; services that are coherent and easy to use; and professionals who are able to redefine their roles to respond to severe, but unarticulated, needs. These conclusions have also been borne out by a number of other studies, most recently by a study requested by the White House Policy Office and conducted by the Inspector General's Office of HHS (Rollin, 1991). These approaches are cornerstones of children and youth services SI in the 1990s.

The Life Services System (LSS) of Ottawa County, Michigan, is a system designed for the developmentally disabled that is operated by eight agencies centered in Holland, Michigan. The LSS model is oriented toward joint planning and the development of operating policies, client coordination (single intake, case management, services access) and system coordination through focused development of employment, residential, prevention, and educational opportunities (*Life Services System*, 1988). The Holland project is based on a 1981 revision of State of Michigan policies for the developmentally disabled that spells out the parameters of services systems along the lines of the LSS model. This policy elicits *functions* (client services management, client rights protection and advocacy), *services* (health, residential, educational, employment, social and recreational) and *support* (transportation, legal), *settings* (high levels of supervision, functional independent living), *organizations* (lead agency, network consortium), and *options* (funding by purchase of service, service by interagency agreement) (Michigan State Planning Council, 1982). Examples of system building like LSS in Michigan abound in many other service areas, such as area agencies on aging, community mental health centers,

vocational rehabilitation offices, youth programs, and child-welfare agencies.

Self-Sufficiency and Welfare Reform

The enactment of the Family Support Act in 1988 was the result of many different efforts aimed at developing systems that help remove people from welfare by focusing on multiple needs. In the decade or so prior to 1988, a series of model projects, generally labelled as self-sufficiency experiments, emerged in local welfare offices, community action agencies, and state human services agencies. While HHS was the lead sponsor in most cases, a number were supported by private foundations.

Welfare reform also followed a series of policy debates by a wide range of liberal, conservative, and professional organizations. An agreed-upon agenda was built. According to Reischauer (1987), these disparate groups reached consensus concerning five principles: 1) reciprocal responsibilities between recipients and the welfare system in working toward self-sufficiency; 2) work as an important ingredient in the development of personal dignity, self-confidence, and identity; 3) the need to strengthen the family, including through the development of supportive services; 4) linkage with education and training as a key to helping welfare recipients become self-sufficient; and 5) states should be given wide latitude in designing their own education, training, and employment programs. As a result of this underlying consensus, Congress enacted the Family Support Act of 1988, containing a targeted Job Opportunities and Basic Skills (JOBS) program for Aid to Families with Dependent Children (AFDC) recipients that provides packages of education, training, and employment expertise, as well as support services such as child care, transportation, and medical assistance for certain welfare recipients. JOBS is being put into place between 1990 and 1994.

The underlying philosophy is thus linked to SI, which emerged from the prereform experiments. Perhaps the most famous (because of its prominent mention in the 1988 presidential campaign) is the Massachusetts Employment and Training program, which is anchored in case management and services access in order to develop a Family Independence Plan negotiated by the caseworker and client. Job placement, education, skills training, and support services (transportation, day care) make up the core of the program (Pillsbury, 1989). Eleven demonstrations of self-sufficiency were authorized by Congress in 1981 that gave welfare programs new flexibility in experimentation. These demonstrations were monitored by the Manpower Development and Research Corporation (MDRC) throughout the 1980s. They involved a mix of designs, eligible participants, long-or short-term self-sufficiency efforts, and work requirements. All programs shared a "multidimensional 'treatment,' including a specific degree of obligation and providing a certain mix and intensity of services and activities" (Gueron, 1987). One of these early experiments in the San Diego County Welfare Office led to the development of a statewide system in California, Greater Avenues for Independence (GAIN), enact-

ed in 1985. The GAIN model follows most self-sufficiency projects, with case management and either basic education or job-search linkages. Interagency service networks between county welfare departments and six "institutional partners" were established: adult schools, regional occupational programs and centers, community colleges, Job Training Partnership Act agencies, state employment service, and child-care referral agencies (Riccio, 1989). MDRC evaluations of GAIN and the other demonstrations have primarily addressed questions that relate to work and assistance requirements, but also point to notable gains in employment with the investment in integrated services (Gueron, 1986).

The Homeless, Hungry, and Persons with AIDS

The social and health problems of the homeless, hungry, and those with AIDS were very visible during the 1980s. Study after study indicated that these primary problems were bound up in webs of related problems: large numbers of mentally ill lacking care and basic living, families without shelter and income, long-term unemployed without food, and persons with AIDS who suffer a host of discriminatory actions. Appropriate responses have been identified as beyond emergency shelter, food distribution, and medical treatment. For example, in AIDS responses, the need to overcome a patchwork system of public, nonprofit, for profit, and volunteer groups by networking is necessary to orchestrate out-of-hospital services. Such services may include outpatient care, emergency housing, emergency food, legal and vocational counseling, and volunteers who provide emotional and practical support (Kosterlite, 1987). In the other crisis areas, similar attempts to build continua of preventive and corrective as well as ameliorative services are being undertaken. For example, the homeless need preventive measures such as affordable housing and corrective measures such as job counseling and job training to go along with emergency shelter. Such measures require the ability to network and develop systems of response (Agranoff, 1990b).

SI has emerged as communities have attempted to respond to social problems that are beyond any jurisdiction or organization. As a result, many cities have established public-private networks. For example, the Dayton-Montgomery County, Ohio, area is one community that is rich in networking. As a result of many years of intergovernmental cooperation, networks of major services exist in each of these crisis areas. To deal with AIDS the major elements of the network are an AIDS Task Force (of advocates, providers, and persons with AIDS), the combined (city and county) health district, AIDS support groups, the Montgomery County Hospital Council, and the county school systems. Efforts to aid the homeless involve a Shelter Policy Board, an Emergency Housing Coalition, a Religious Task Force on the Homeless, the Dayton Mayor's Task Force on Housing, the Dayton Development Corporation, the Dayton-Montgomery County Housing Corporation, and the Montgomery County Mayor's and Manager's Conference. Hunger issues are networked by an Emergency Resources Board and the Montgomery County Hunger Coalition. Structural unemployment, which is consid-

ered to be closely related to the other crisis issues, is handled through a Self-Sufficiency Board, the Area Progress Council, the City-County Private Industry Council (JTPA), Community Colleges, and the Dayton School District.

Networking among these Dayton agencies is aimed at three integrative activities. First, each area has developed a policy body, representative of the multiple participants, that examines the extent of problems, gauges existing needs, funds services, and develops policies and procedures that govern interagency responses to problems. Second, the delivery of services is ordinarily coordinated by an operating body that is geared to daily problems and the exchange of resources. Third, the policy and operating bodies work with the others to develop continua of preventive, corrective and ameliorative services. The respective policy bodies monitor these service development activities and revise their strategies (Agranoff, 1990b). Dayton is by no means the only place where such networking is occurring. A U.S. Conference of Mayors report on city responses to human crises states that most governments create links between agencies (Waxman and Reyes, 1987).

The New Community Planning Councils: Intergovernmental Bodies

Local private agency community planning councils are being replaced by units anchored in local general-purpose governments. Their membership is primarily made up of local funders: city and county governments, United Ways, special districts, and locally based foundations. A study of nine such groups indicates that these bodies are not only funding and planning bodies but are also involved in a variety of service integration related activities. The most common of these activities include development of services continua for target populations, promoting new services in response to community crises, promoting the unification of selected services, and orchestrating community responses to various social crises (Agranoff, 1990a).

The Tulsa, Oklahoma, Metropolitan Human Services Commission (MHSC), for example, promotes integration through the development of a "basic needs" policy, which connects programming in Tulsa County related to housing, help for the "new poor," transportation, health care, and food. This policy links several programs, including The Federal Emergency Management Agency (FEMA) (Emergency Jobs), special transportation plans, and emergency housing funds. MHSC promotes joint planning and service coordination in several areas: child care, adult protective services, domestic violence and sexual assault, prenatal care, long-term care, and elderly and handicapped transportation. MHSC generated and staffed task forces also operate in several areas, including homeless services, affordable health care, and long-term unemployed (Agranoff, 1990a).

Other efforts by these bodies involve a human resource approach to SI. Two projects created by the Dayton Human Services Partnership are illustrative. Their Self-Sufficiency Project operates through the Dayton Foundation on a \$500,000 Ford Foundation grant. The Self-Sufficiency Project

focuses on persons under age 30 who are on general assistance and who have low educational achievement. The model approach is "sheltered" work, compensatory education, and on-the-job training. A second project, New Futures, also operates through the Dayton Foundation. Dayton is one of five cities to receive a \$10 million grant from the Anney Casey Foundation, with an equal local match (city, county, United Way, foundations, private giving), to deal with reducing school dropouts, teen pregnancy, and poor school performance. The project is located in two pilot middle schools and includes a variety of approaches: student coaching and counseling; school changes, ranging from enhancing teacher pay to new instructional computers; an extended-day work program; case management to develop individual success plans; and a youth service center in each school. The entire project is held together by a public-private policy committee and extensive intergovernmental networking (Agranoff, 1990b). This type of resource development approach demonstrates how the new community planning councils are going beyond traditional funding and planning roles. In the communities where they operate, they are core actors in the integration of services.

State and Local Comprehensive Departments

A great deal of SI activity occurs under the umbrella of state and local comprehensive departments. The most recent Council of State Governments study (Chi, 1987), indicates that over half of the states administer programs through agencies that combine public assistance/social services and at least three of the following major programs: public health, mental health, mental retardation, adult corrections, youth institutions, vocational rehabilitation, and employment services. At the local level, an International City Management Association study revealed that half of the counties over 50,000 in population and one-fourth of all cities report that they had a similar department that was involved in two or more program areas (Agranoff and Pattakos, 1989; Agranoff, 1988). Most of these departments initially concentrated on making structural reorganization work, particularly through administrative support consolidation, such as in information systems, training, budgets, evaluation, and property management. Recently, departments have focused more efforts on selective program coordination.

Florida's 1975 reorganization of human services into an integrated Department of Health and Rehabilitative Services (DSHS), in which program authority was removed from categorical units led by specialists and was decentralized to management by regional generalists, is the most visible and most studied organizational change. A 1986 study by the National Academy of Public Administration (NAPA) presented a mixed review. The NAPA study identified problems with DSHS single intake and case-management processes. Also, the authority of DSHS regional managers was inconsistent and often limited. Yet, substantial progress toward integration was reported in many areas and the new structure made it easier to respond to the budget reductions of the 1980s (National Academy of Public Administration, 1986).

The greatest number of states consolidate agencies but preserve categorical programs through divisional units. The task is to use the authority of the single department to get programs to work together. For example, in the mid-1980s, the Iowa Department of Human Services instituted a matrix structure. All of the field delivery services, regardless of discipline—145 offices across the state—were administered by one deputy. Policy formulation was differentiated by discipline (e.g., mental health, social services) and was headed by other deputy directors. All budgeting, planning, and services coordination functions were centralized in three separate divisions that cut across programs, with staff dedicated back to particular disciplines (Reagan, 1987). Other umbrella departments have found that, if they maintain more traditional line program structures, they must then integrate by attacking problems through the use of lateral organizational linkages, such as task forces, standing teams, and project management.

Some departments have carried integration one step further to include the services themselves. The Kalamazoo County, Michigan, Human Services Department has embarked on a five-phase consolidation plan. The first four phases involved building support, moving separate programs under an umbrella, and consolidating management support services and citizen boards. Phase five involves the consolidation of services and the creation of a new program structure. All services are being grouped under four functional categories: prevention, treatment, human development, and health protection (Vander Schie, Wagenfeld, Worgess, 1987).

Policy Integration

Change in human services has also been sought through the search for problem-directed or comprehensive policy. The City of Cincinnati, Ohio, has developed an overall human services policy that is based on agreed-upon priorities: emergency needs, prevention of institutionalization and promotion of self-support, and services that are not the responsibilities of other funding sources or city departments. The comprehensive policy elicits funding criteria, implementation strategies, management and performance standards, and services definitions (City Manager's, 1983). A number of California local governments have similarly developed human development policies as functional equivalents to their land-use, environmental, and economic development policies.

There are those who believe that the nation must extend efforts like welfare reform to further develop integrated policy responses. In a 1989 paper, Levitan, Magnum, and Pines (1989) called for an extension of the JOBS principles to include a "family investment initiative" that, among other concerns, addresses policy by encouraging the development of federal, state, and local mechanisms to integrate the fragmented programs needed to bring people to self-sufficiency. These policy experts believe that self-sufficiency depends on realigning governance in order to integrate services.

Local integration projects often become laboratories for national policy proposals. The Family Investment Initiative is derived from successful Baltimore, Maryland, experiments, one of which is a series of family development centers that

use combined public and private funding sources to help AFDC mothers and homeless families make a transition into the work force. A second effort in a city school and a neighborhood center will combine intensive and integrated services with neighborhood services, such as housing rehabilitation and increased drug-abuse enforcement. A third effort centers on large public housing projects and combines coordinated services with accelerated access to child care and adult remedial education along with on-site intake, case management, and core developmental services. A fourth model involves a case-manager-led effort to contract with homeless persons who live in two small transitional facilities to move toward "sustained independence" through services support and educational job training. The successes surrounding each of these ongoing SI experiments have been built into the family investment policy proposal (Levitan, Magnum, and Pines, 1989).

National policy has already been realigned toward SI in other areas. Public Law 99-457, enacted in 1986, mandates that states establish early intervention programs for preschool handicapped children. In addition to the usual call for program-level coordination, the act's 14 components include requirements for: comprehensive multidisciplinary needs evaluations; individualized family services plans, including case management; comprehensive referral systems; central services directories; single lines of authority to lead agencies; and policies for contracting or making arrangements with local service providers. These features were built into the system as a result of successful pilot programs that used elements of this plan. Funding for P.L. 99-457 will come from a variety of federal-state and state programs, forcing state administrators to integrate by the development of coordinated state policies (Smith, 1988).

This review of integration approaches indicates that the three SI components are being built into focused interagency programming. Experience suggests that efforts that have merely created a set of services linkages without strategic and policy support have resulted in each problem and community effort being created *de novo*. Working at the operational level exclusively has meant there is no top support (authority to coordinate) nor service follow-through. Those efforts that have started at the "top," so to speak, without addressing service delivery or program commitments, find SI to be hollow, or nothing but paper agreements. For example, many states have moved their "lines and boxes" into units that were more proximate, and then hoped that integration would somehow "fall into place." More must be done. These actions are clearly at the core of public administration.

The Challenge to Public Administrators

SI poses many interorganizational challenges to public administration. The major challenges include: designing more coherent public policies; strategic planning and policy development that focuses on target needs or populations; operational planning, programming, and budgeting on a

functional or target problem basis; creation of systems that can meet multiple needs of clients; operation and maintenance of interorganizational systems, sometimes through new "supra" organizations and sometimes as lateral overlays on existing organizations; and encouraging the development of broader perspectives by those who must deliver specialized services to clients.

For over two decades, the standard answer for overcoming barriers and meeting the interorganizational challenge has been program coordination. Space limitations prevent more than identification of the barriers: system fragmentation, inaccessibility discontinuity, and unaccountability (Gilbert, 1973). Federal programs, and their "ties that bind" are said to contribute the most: generic compliance requirements, categorical eligibility and services specifications, organizational and structural requirements, and funding rules (HEW, 1976). The administrative solution has been to coordinate programs. Coordination in this sense means mutual accommodation by two or more parties or organizations in order to achieve some purpose. This definition, however, is fraught with pitfalls. Indeed, research on coordination and interagency connections has revealed formidable difficulties that are familiar to most public administrators: lack of interdependence, disparate agency power, barriers to resources sharing, incompatible procedures, and hollow legal mandates. Other barriers to coordination may be lack of top executive support, concern with internal agency problems, and lack of knowledge of other clients' needs (Aldrich and Whetten, 1986; Gamm, 1982; and Whetten, 1981).

Moreover, political and administrative reasons require that individual or categorical services must be maintained or operated at the same time that integrated services are developed. Congress fosters the "ties that bind" as its way of demonstrating political and social commitment to major groups and problems. SI does not have a strong constituency because it is connected to the individual programs. Because clients have certain core needs, or perhaps because many clients have more limited needs, the traditional operation of agencies, programs and specializations must be maintained. This can foster professionalization and specialization that presents barriers. Funding for SI is also limited. Finally, the sheer size and complexity of the human services system is also a formidable barrier (Yessian, 1991).

Nevertheless, integrated services requires an overlay of services in addition to normal agency operation. Meeting the challenge of developing the overlay involves more than the hoped for mutual accommodation of interests, overcoming the irrationalities of government structures, and making policy choices from which no one will dissent (Seidman and Gilmour, 1986). A form of transorganizational management is required, that places emphasis on the development and operation of systems. The problem is that public administration traditions have been rooted in the operation of single organizational structures. A new paradigm must be invoked, where the managerial task bridges the traditional structural components of the single organization authority structure.

Although no one knows exactly what the elements of transorganizational systems will look like, it is clear that single organizations must adapt to meet systemic interfaces. A literature in public administration is developing in networking and management across organizational lines that will be helpful. For example, strategic management in networks involves "logical incrementalism" in which solutions need to be tested before they are implemented. All action is said to emanate from the creation of a "program rationale" within which purposive action takes place. Network operations proceed through "mobilization behavior" in which a gestalt is developed as to which tasks are to be performed and where resources will be formed. Power is more reciprocal than that of single organizations. Authority shifts from hierarchical to professional, technical, informational and resource contribution bases (Hjern and Porter, 1981; Mandell, 1988).

The transorganizational challenge thus involves the need to recognize and overcome organizational disparities in information, programs, resources, power, and procedures around program rationales. The paradigm, at least as applied to SI, involves interdependent (interunit/interorganization) efforts to forge directions by joint decisionmaking, engaging in goal-directed planning and programming, and in developing operating agreements executed by the mutual actions of disparate parties. It does not replace institutional or single organizational management, but it broadens the responsibilities of the public administrator. Rather, as Wise (1990) indicates, transorganizational management recognizes that government organizations operate through a variety of intermediate structures, requiring the capacity to play effective roles in systems.

Public managers who undertake SI must adapt their techniques to the transorganizational paradigm. Weiner (1990) suggests that while some of the tools of single organizational management may be used, they must be adapted and applied to a more interactive style. He suggests that information-based managing involves four core activities: group formation, systems design, systems building, and systems manage-

ment. A whole series of transorganizational trends can be identified as being at the core of transorganizational management: collective leadership and mutually shared responsibility; collective goals derived from problem-solving processes; less stability and more unpredictability and experimentation; multiple lateral information flows that permeate organizational boundaries at several levels; less specialized and controlled labor; and less established and more experimental developmental technologies.

The SI challenge and the transorganizational management challenge are inextricably linked. The more that can be learned about how to manage with the new paradigm, the more that can be applied to SI. By the same token, this assessment of the development of human services integration suggests that SI is a valuable lens through which to study transorganizational management. Although SI is one of the greatest national and international social program challenges (Kahn and Kammenman, 1980), there is a learning curve that can be applied to many other public services: health services, criminal justice, recreation and leisure, and education, to name a few. Programs in these areas also need to be managed interdependently. As public administration sharpens its focus on the operation of transorganizational systems, such as those involved in the quest for human services integration, it will come closer to solving its most difficult problems.



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