

Cross-systems innovations: The *line-of-sight* exercise, or getting from where you are to where you want to be

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***Line of sight:* In order to view an object, you must sight along a line at that object; and when you do light will come from that object to your eye along the line of sight.¹**

The conceptual framework presented in the companion article on the importance of institutional milieu in human services organizations (pp. 28–35) raised four central questions. These questions are:

1. What is to be accomplished, and for whom?
2. What tactics and strategies will lead to the desired outcomes?
3. Is there a good fit between the tactics and strategies chosen and the institutional milieu of each potential partner in the integrated vision?
4. What strategy is needed to bring these two into correspondence?

These questions must be addressed in order to develop an integration strategy that will improve the outcomes and transform the institutional experience of members of a targeted group.

The questions may appear to be straightforward, but our work with local sites suggests that, all too often, only superficial consideration is given to the first two questions and little or no consideration to the last two. As a consequence, the steps necessary to accomplish the intended broad outcomes are inadequately delineated.

Our experience indicates that there is an effective methodology for meeting the challenge posed by these questions. Essentially, this can be done by developing a “line of sight” that clearly shows the path from the point at which one stands to the intended outcome. It is possible, we argue, to develop such a line of sight through the use of an outcome sequence chart, which is a linear, graphical depiction of the relationship between the events and activities in a participant’s experience within the integrated program and the program benchmarks that define the

participant’s progress to a successful outcome. This line of sight needs first to be established from the participant’s perspective. Only then can a second line of sight be developed that will focus on implementing the tactics and strategies necessary to the outcomes that are sought. In the rest of this article, we explicate the steps in this process.

Restating the challenge of integrating services

Over and over again in our work on service integration, we have come up against a sobering conclusion—that pursuing the integration of human service programs is very hard and is fraught with challenges. Those who have managed to put together exemplar one-stop job centers or other integrated service models in places such as Kenosha County, Wisconsin, El Paso County, Colorado, Montgomery County, Ohio, and San Mateo County, California, emphasize the extraordinary challenges they faced. They also often note how many visitors express admiration for their work and indicate an interest in replicating their models, yet appear unable to translate that interest into sustained and successful action.

From case studies of a number of exemplar sites—we have dubbed them “lighthouse” sites—Mark Ragan concluded that “service integration is a combination of strategies that simplify and facilitate client access to benefits and services. Each site has implemented a distinctive mix of strategies, processes, and partner agencies.”² Ragan also stressed that there is no single model of service integration: each initiative is driven by local circumstances and preferences. Thus, each new model typically is developed afresh and not simply taken ready-made off the shelf. This may explain, in part, why model programs are not replicated as often as we might anticipate.³

Too many policy entrepreneurs navigating the myriad policy and practice choices in integrating human services programs are confounded by the sheer number of the available tactics. They end up confusing means with ends, assuming that if one or more of the conventional tactics and strategies associated with service integration, such as collocation or a single service plan, is implemented, then true integration will be achieved. In effect, planners lose sight of the underlying purpose of service integration or never appropriately develop it as they make tactical choices and rush ahead with the technical details.

For all its difficulties, service integration remains a potentially very fruitful goal. Despite our stress on the individualized character of local models, neither a large planning staff nor extensive technical assistance is necessary to achieve it. We can think about systems integration in ways that are, in fact, quite modest and practical. In particular, to develop models that have a realistic chance of success, we believe that one must carefully dissect the proposed system, tracing just how each innovative policy, institutional arrangement, or new protocol will alter a participant's experience in ways that actually lead to the changes hypothesized. To do this, there must first be a coherent and compelling theory of change that would lead a dispassionate observer to accept the premises upon which the model is based. In short, systems designers must develop a narrative, essentially tell a story, which is linear yet sufficiently nuanced to be plausible, given the underlying complexity of the innovation.

Start with the ends rather than the means

Unlike traditional stories, the service integration narrative begins with the ending. What is the population of interest, and what is to be accomplished? On the basis of our prior work with established lighthouse sites and those on the path to integrated services, we have identified these two points as the most important focus of attention in this early stage of formal planning.

First is the population of interest. Most existing programs concentrate on specific populations or a specific benefit or service to be delivered. Integrated service models invite policy entrepreneurs to think more broadly, to focus on the needs of expanded populations, such as families rather than individuals, and on issues that cut across multiple challenges, such as self-sufficiency rather than transportation. Careful delineation of the target population is an essential preliminary to articulating what is wrong with the current configuration of programs and services for this population.

Second is the outcome. Define what is to be accomplished. Most categorical programs try to narrow their goals in the name of better accountability. They also tend to focus on process or input (effort) measures, which are easier to achieve. In contrast, by their nature integrated service initiatives drive the articulation of broader goals that span multiple existing programs.

Over time, design and planning processes are likely to become overwhelmed by crises or political concerns and resource questions, and it is easy to lose sight of original purposes and underlying motivations. If the population of interest and the intended outcomes for this population are first clearly defined, it is much more feasible to keep them in the forefront as the process of change evolves.

Figure 1 Selected Service Integration Tactics

Develop a single service plan—Enable service providers and professionals from several programs to work together with a family that has multiple needs to develop a single case plan for activities and related services.

Collocate services—Physically locate distinct programs in the same building.

Realign governance structures—Institute common managers over programs where collaboration is desired and/or institute mechanisms for jointly managing related programs.

Set common outcome measures—Mandate that collaborating programs adopt common program objectives, standards, and methods for measuring outcomes.

Consolidate intake—Redesign policies, procedures, and information technologies so that applicants will be considered for benefits and services in several systems through a common application process.

Consolidate job functions—Expand the expertise of front-line workers so that they can handle responsibilities formerly distributed among several workers.

Blend/braid separate funding streams—Use funds from several programs to support service delivery.

Replace tactical solutions with strategic thinking

Once the target population and the outcome desired for it have been determined, the next step is to articulate clearly how that outcome is to be achieved. In our experience, the biggest barrier to completing this step is mistaking tactical choices for strategic thinking. Those pushing a vision of service integration are too easily seduced into believing that one tactic or a particular set of tactics (Figure 1 gives some typical examples) will lead to the desired outcomes, without clearly thinking through whether they really can get “from here to there” by adopting the tactics proposed.

Figure 2 presents this difficulty in highly stylized form. Three broad purposes have been identified and a specific tactical approach—in this case, Single Service Plan—has been identified for achieving these purposes. That is, it is assumed that implementing a Single Service Plan will

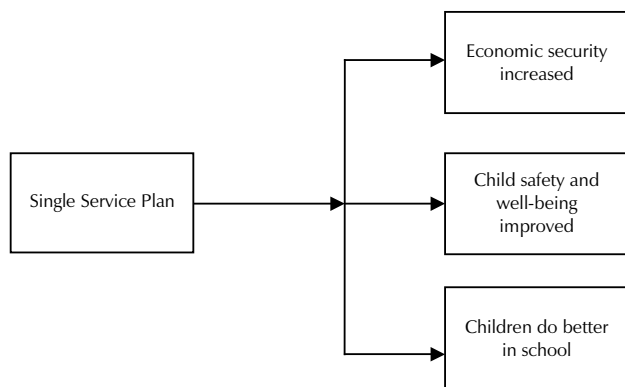


Figure 2. Linking a tactic to outcomes.

improve family economic security, child safety and well-being, and school achievement.

This simplistic approach to pursuing service integration, drawn from an actual example of an integrated service initiative, has at least one glaring flaw: a failure to explain why one would reasonably expect the transformed experience of program participants under a Single Service Plan to result in the desired outcomes.

Basically, it may not be difficult to implement a Single Service Plan (or any other service integration tactic noted in Figure 1). But it is necessary to tell a convincing three-part story about what is being done. First, how will the implementation of such a tactic (or set of tactics) transform the program participant’s experience? Second, how does this new service trajectory fundamentally differ from what participants would experience if their services were delivered through the traditional, categorical, “siloed” programs? And third, how does this altered participant experience lead to the intended outcomes? Too often, this linkage cannot be articulated.

In the final analysis, integration is not an end in itself. Specific tactics are merely tools for achieving broader management purposes. Those purposes must be well articulated and consistently employed to inform and motivate program design and implementation. This is the second step in the process: developing a “line of sight” that links the changes to be made to the outcomes intended, first from the perspective of a participant (in some systems called a customer) and then from an institutional perspective.

Establish a line of sight from the participant’s perspective

There is an old axiom that we do not understand something if we cannot tell it to others. We have found this axiom holds true: sites do not really know what they are

trying to accomplish through the integration of services until they can tell a story about it. This narrative-development exercise is the first step in establishing a clear line of sight between the outcomes that have been established for a particular target population and the tactics that are adopted.

Developing such a narrative requires that we recognize an implicit “life-cycle” to the relationship between participants and the system. This life-cycle can be thought of as a sequential set of events, interactions, and decision points that play out over the period of an individual participant’s experience with the innovative service delivery model. The key question here is what the new system will look like from participants’ perspectives. Will it be qualitatively different from what they now experience?

To answer this question fully, we want to create a story centered on what participants are likely to experience as each important step in the new system is crafted. How will members of the target population know about the system? What happens when they walk in the “front door”? What happens next? Although one cannot know with certainty what a given participant or family will experience in the new system, it should be possible to map out modal scenarios for what typical families might experience if the innovation were operating as intended. At a minimum, such a life-cycle includes the following (and the systemic equivalent): awareness of the program (signaling and outreach); the front-end experience (application, diagnostics, and routing to key services); service delivery and ongoing case-management (progress monitoring and problem resolution); and exit strategies (determining success and follow-up).

Once there is a basic understanding of the participant’s perspective in this new system, then there is an opportunity to test the theory of change implicitly embedded in the new model. Will the proposed strategies regarding the participant’s experience actually lead to the desired outcomes? Thus, the second step in developing a line of sight is to place the narrative describing the participant’s experience in the context of the system outputs and outcomes through the use of an outcome-sequence chart. For example, if the integrated system is supposed to deliver multiple services to at-risk families before crises develop—if it operates from a prevention perspective—then the outcome-sequence chart ought to reflect how specific protocols and procedures lead to those ends. If the driving purpose behind systems integration is to strengthen families in ways that will lead to more productive attachments to the labor market, then the systems design features should relate to those outcomes.

Benchmarks at different points can be used to test if the new model and the service modifications that embody it are really resulting in a changed participant experience. These include:

Inputs/Activities → Process Outputs → Intermediate Outcomes → End Outcomes

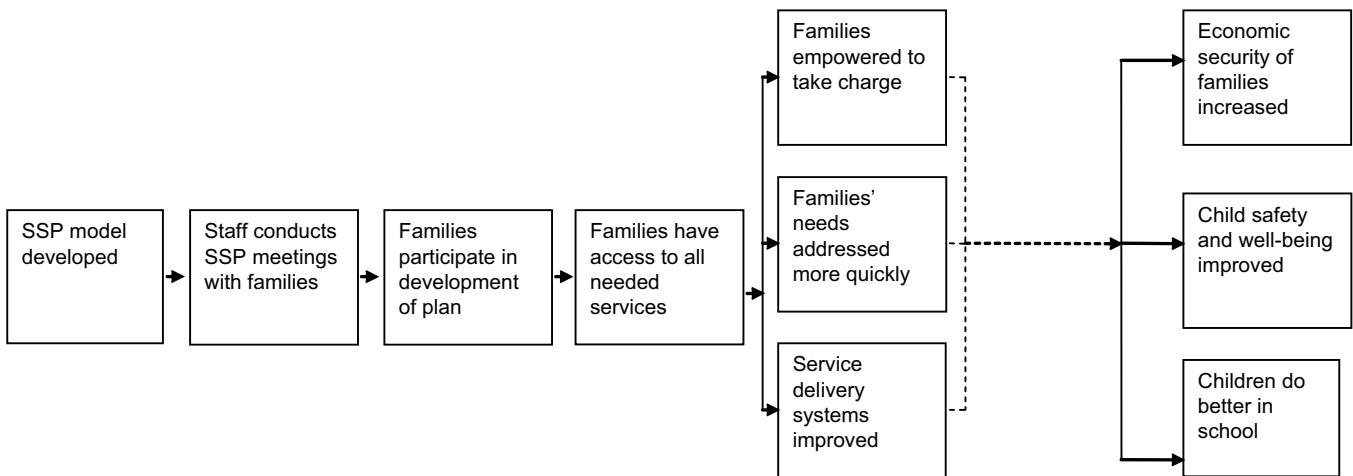


Figure 3. Kenosha County Single Service Plan (SSP) outcome-sequence chart.

Note: The dotted line shows areas in which the narrative requires further development.

- **Inputs/Activities:** This set of benchmarks is intended only to determine whether the activities thought to be pivotal to the functioning of the new model are in place.
 - **Process outputs:** These are the immediate benchmarks, largely rooted in changes in the way the integrated system does business, that serve as reasonable proxies for change in the quality and character of the participant’s experience. Are participants more actively involved in developing service plans? Are service plans more comprehensive, dealing with multiple issues simultaneously? Are services delivered more coherently, or with less duplication of effort? Are plans individualized to the circumstances of the families? Do we have evidence of improved operational efficiencies?
 - **Intermediate outcomes:** These are typically measures of participant behavior or circumstances, although they might include measures of community functioning. What distinguishes outcomes from outputs is that they are rooted in changes in the target population of interest, not in changes in how the system operates. Theoretically, we can differentiate these outcomes into short-term and longer-term measures. Short-term measures typically tap behaviors and circumstances that can plausibly be captured while people are participating in the program or within a reasonably short time after exit. Longer-term outcomes include some “sleeper” measures that may not be evident for some time after participation in the program, e.g., the return on an investment in early childhood development might not be fully realized for several years.
 - **End outcomes:** Finally, some system goals are clearly longer term in character. A few may be intergenerational (e.g., building stronger families is expected to pay dividends as children mature into adulthood). Although these longer-term goals may not lend themselves to shorter-term assessments of effectiveness, they are useful in shaping how the system ought to be designed and managed. They provide an ending for the narrative development exercise.
- In effect, for each event, interaction, and decision point in the narrative describing the participant’s experience, the outcome-sequence model is intended to force answers to the following questions: Why are you pursuing that particular strategy? How does it contribute to the outcomes being pursued? At the same time, this process implicitly asks what can go wrong and what can be done in response.
- In laying out the outcome-sequence chart based on the participant’s theoretical life-cycle within the new model, we typically move from left to right. On the far left are some of the activities we view as instrumental to the functioning of the model. We then move through the process changes anticipated to the intermediate outcomes they are expected to produce, and then to the final intended outcome. In following this process, it is possible to see clearly the critical junctures for movement along the sequence, determine where gaps in the line of sight may exist, and ensure that benchmarks of progress toward the end outcomes are established, and ultimately met, along the way.

Figure 3 provides an example of an outcome-sequence chart based on the initial vision of Kenosha County, Wisconsin, which is currently a pilot site in Wisconsin's effort to better integrate the provision of services to families that are interacting with both its TANF and child welfare systems. This example also includes a Single Service Plan as part of the model, but provides more direct links between this tactic and the expected end outcomes than Figure 2. As the dotted line between the intermediate and end outcomes indicates, it still does not include a complete narrative of how the end outcomes will actually be realized as a result of the changes made to the system. Nevertheless, it was only by going through this exercise that those responsible for the integration effort were able to realize that additional effort was needed to ensure that a line of sight between the tactics being pursued and the end outcomes was fully established. This process is currently under way.

Establish a line of site from the institutional perspective

Once the line of sight has been established from the participant's perspective, then it is necessary to consider what institutions must do so that this path can be followed. What changes are needed in institutional practice, administration, and policy to support the transformation in the participant's experience? This is a narrative that must be "told" from the perspective of the engaged institutions.

Several different aspects require consideration. First are inputs and resources. What staff, skills, expertise, money, space, and the like are needed to make the system work for participants? Is the right mix of resources available in the right places, at the right times, and in the right amounts? Next, what central events make up the sequence of experiences in the participant's life-cycle within the new model? What needs to be modified to ensure these events occur? Planners and implementers of cross-system innovations must consider tasks, or discrete events, carried out by staff and/or participants (e.g., complete an application, take a diagnostic test, hold a participant-centered team meeting); activities, such as participant interactions that take place over time (e.g., participate in a training or therapy regimen); and decisions or choices made by staff or participants that shape the future course of the participant's experience within the model.

Ultimately, there must be some logic to the inputs and resources put in place, to the sequence of tasks, activities, and decision points, and to the outputs and outcomes that are hypothesized. For example, if the model calls for sophisticated diagnostics to be carried out early in the participant's experience within the model, is the necessary expertise in place to do such assessments (a resource/input issue)? If the model contains a key decision

point at which participants can subsequently be referred along different service paths, is it reasonable to assume that they will actually participate as expected? Does the model include features to facilitate and monitor desired behaviors, incorporate the right incentives, and so forth? When you consider the resources and processes that have been marshaled and put in place, do the anticipated outcomes (intermediate and long-term) seem reasonable?

Take, for example, the second activity included in the initial outcome-sequence chart developed for the Kenosha pilot program. This activity simply states: "staff conducts SSP meetings with families." A number of questions need to be addressed to ensure that this activity actually occurs, including but not limited to: Which staff? How often? At what location? On how timely a basis? Or, consider the process change, "families have access to all needed services." How will this be facilitated? By whom? Are there enough resources to ensure "all needed services" are available?

This is the line-of-sight exercise from the institutional perspective. Like the exercise from the participant's perspective, it provides the linkage between the institutional changes that need to occur and the intended outcomes, and it is essential to determining the changes necessary for those transformations to take place.

In our work with sites engaged in service integration, we have found that this exercise, envisioning in considerable detail what is needed for the outcome-sequence chart to work as intended, is critical. But although many sites can and do develop detailed task plans of what needs to change in order to implement a service integration strategy, they very often fail to develop these plans in the context of an outcome-sequence chart developed from the participant's perspective. As a result, operational strategies may be pursued that have no direct bearing on the participant's experience, and thus no direct linkage to the outcomes desired. This makes it very difficult for the organizations actually to realize the outcomes hypothesized in the model.

Determine feasibility: Can you accomplish it?

The final step in the process is to consider the outcome-sequence chart in the context of the institutional milieu. Is what has been proposed realistic in light of the underlying institutional milieu, the deeper, often hidden dimensions of each potential system partner within the integrated model? What barriers and challenges to the implementation of the proposed actions may arise as a result of the underlying institutional milieu? The exercise of answering these questions involves more than laying out a linear sequence of events, activities, and decision points. It involves thinking through whether the leadership, institutional systems, and organizational cultures can support the proposed actions.

In each of these areas many questions must be considered. Here are a few examples:

- Related to leadership: Are the underlying assumptions about political support reasonable? Can power be effectively shared across systems? Does the authority actually exist to make these changes? Is there a champion who can clearly articulate what needs to be accomplished and why it needs to be accomplished?
- Related to institutional systems: Is program planning and accountability outcome-driven? Is training responsive, relevant, and ongoing? Is the information technology environment conducive to innovation? Is financial management flexible and accountable?
- Related to organizational culture: Are staff committed to a shared organizational vision? Do staff understand their leadership role in promoting outcomes? Is continuous improvement expected? Do staff know what is expected of them?

For the purposes of the line-of-sight exercise, it is most important to consider the proposed plan for integration, regardless of how well thought out it may be, against the

current operating environment. As noted in the companion article, policy entrepreneurs must be very sensitive to different ways that programs and systems do business if they are to be successfully melded. In the end, if the plan is determined to be unrealistic, either it must change or a significant effort must be made to alter the existing operating environment to support the intended changes. This issue will be taken up in a future *Focus* article. ■

¹A definition taken from a physics tutorial, at <http://www.glenbrook.k12.il.us/gbssci/phys/Class/refln/u1311b.html>.

²Mark Ragan, "Building Comprehensive Human Service Systems," *Focus* 22, no. 3 (Summer 2003): 58-62.

³At a meeting organized by the Service Integration Network, Don Winstead, then an official in the U.S. Department of Health and Human Services and currently Deputy Secretary of the Florida Department of Children and Families, talked at length about how state officials use "lighthouse" sites. States, he noted, do not replicate such models in a whole-cloth fashion. Rather, they extract, in his terms, the "DNA" of the pilot and let it develop on its own course in the particular home environment to which it will be transferred. Thus, the resulting replication will never look like the original pilot but one can be assured that the lighthouse site did in fact inform the new offspring.

Area Poverty Research Center Agreements for 2005–2007 Announced

Three Area Poverty Research Centers will receive funding from the U.S. Department of Health and Human Services (DHHS) through a competitive program first established in 2002 by the Office of the Assistant Secretary for Planning and Evaluation.

The Institute for Research on Poverty (IRP) at the UW–Madison and the University of Kentucky Center for Poverty Research (UKCPR) in Lexington were both awarded three-year grants in 2002 and again this year. The third group to receive support is the West Coast Poverty Research Center (WC/PRC), a new collaborative venture linking the School of Social Work and the Evans School of Public Affairs at the University of Washington with the UW Departments of Economics, Sociology, and Geography. WC/PRC will also collaborate with the Public Policy Institute of California in dissemination and other activities.

At IRP (<http://www.irp.wisc.edu/home.htm>; director, Maria Cancian), the award will support longstanding research, mentoring, and dissemination activities (including *Focus*), in addition to new research initiatives designed to shed light on three contemporary issues in social policy: changing family structure in the United States and its implications for the design and evaluation of public policy; the challenges confronting poor families striving to achieve self-sufficiency and ways in which government and the private sector can contribute to its achievement; and the reorganization of social policy practice in the United States, in the wake of the profound changes in policy goals, governance, and funding during the 1990s. As an Area Research Center, IRP will incorporate a regional focus on the upper Midwest.

UKCPR (<http://www.ukcpr.org/Index1.html>; director, Jim Ziliak) will continue to target its research, mentoring, and dissemination efforts on the issues of poverty and inequality in Kentucky and the 16 states comprising the southern United States. Low-income populations in the South face a different set of challenges than comparable groups in other parts of the United States; these are manifested in a host of economic and social disparities including higher rates of poverty, inequality, and welfare-program utilization. The center's emphasis on the challenges facing these populations, as well as the market and non-market-based opportunities for economic and social mobility, is intended to aid local, regional, and national policymakers in the design of antipoverty programs and policies.

The WC/PRC will be a hub for research, education, and policy analysis leading to greater understanding of the causes of poverty in the west coast states. In the inaugural year, the center will focus on the theme of "The Second Generation: The Economic and Social Well-Being of Children of Immigrants on the West Coast." Marcia Meyers, Associate Professor of Social Work and Public Affairs at the University of Washington, will serve as the center's Director.