UNDER ONE ROOF:

FINDINGS FROM THE UNDERSTANDING THE VALUE OF CENTRALIZED SERVICES STUDY

Under One Roof: Findings from the Understanding the Value of Centralized Services Study

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Overview

A. Introduction

In response to a Congressional directive, the Office of Planning, Research, and Evaluation awarded a contract to MEF Associates and its subcontractor, Mathematica, to conduct the *Understanding the Value of Centralized Services (VOCS) Study*, starting in September 2020. The VOCS study is a broad inquiry to explore the advantages, disadvantages, and costs of providing multiple social services in a single location to support families with low incomes.

The study synthesizes existing research on centralized services; documents the structure and operations of three centralized community resource centers (CCRC); highlights the perspectives of individuals who provide and access services at these CCRCs; and adapts a conceptual framework to categorize levels and features of centralization. This report presents the key findings of the VOCS study and recommendations for future research.

B. Primary Research Questions

1. What is the range of models that have been used to provide centralized social services?
2. What do we know about the different models used to deliver services centrally, and what are the benefits, challenges, and costs from the perspective of staff and clients?
3. What is the motivation for centralizing services, and how does the impetus for centralization relate to the types or models of centralization?
4. How are services being coordinated virtually and how does this approach differ from and complement physical co-location?

C. Methods

The VOCS study included three components. First, the team engaged interested individuals and experts. Interested individuals included federal staff, individuals who have experience in the design of services and supports for families at a systems level, and practitioners and individuals with lived experience accessing centralized services. Meetings with these individuals focused on key topics such as what they hoped to learn from the project, how they thought findings from the project could inform their work, suggestions for CCRCs to engage in qualitative data collection, and feedback on the study design and dissemination. In addition, four experts from different backgrounds and fields provided input on the study's design, data collection plans, and draft reports.

Second, the team conducted a literature review that summarized findings from other literature reviews conducted for prior studies on centralized services and from 27 articles identified through a targeted search of academic databases and gray literature, as well as suggestions from federal staff and contractors involved in coordinated services research.

Third, the VOCS team collected qualitative data during in-person visits to Blackfeet Manpower One-Stop Center (Browning, Montana), Neighborhood Place (Louisville, Kentucky), and Wayne Metro Community Action Agency (Detroit, Michigan). The team conducted semi-structured interviews with program leadership, staff, and partners; focus groups with clients; and observations of partner meetings and physical space, including lobbies and general office layouts.

D.   Key Findings

Key findings from the study include the following.

- **There are multiple approaches to centralizing services, which can encompass a wide range of degrees of centralization.** The approaches that CCRCs use depend on factors such as community context and community member needs; funding streams, structures, and requirements; partner staffing structures; and data infrastructure and requirements.

- **A shared mission and vision among staff and partners are critical to centralizing services.** Centralization requires investment and effort by providers and staff to offer the range of services a family needs, rather than focusing on a single service. All CCRCs emphasized the need for a common understanding of this holistic approach.

- **According to staff and clients, centralizing services can increase access for clients, including connecting clients to services for which they may not have known they were eligible.** Clients appreciate being able to receive services to meet various needs at the same location, rather than visiting multiple offices and filling out several applications, and many clients learn of additional services from CCRC staff.

- **Staff described how centralizing services can result in a more efficient allocation of resources but often requires up-front investment in physical space or data infrastructure.** Efficiencies can result from streamlined data collection practices, such as sharing a data system or developing a data release form, as well as efficiencies for clients through time and money savings from not having to visit multiple offices for different services. However, staff noted that larger up-front investment can be required to build or renovate office space to meet the needs of centralized service provision or to build a shared data system that meets the needs of partner agencies or funding streams.

- **Staff buy-in and cross-training supports centralization efforts, but staff turnover and training can present a challenge.** CCRCs described the value of staff at all levels buying into the centralization approach. Likewise, cross-training staff is important so staff can be knowledgeable on the array of services provided at the CCRC. At the same time, ensuring buy-in and cross-training staff on many services requires significant time and resources, especially when levels of staff turnover are high.

- **The three CCRCs emphasized the importance of engaging their communities and ensuring that their approaches prioritized community member perspectives and priorities.** The CCRCs developed advisory groups made up of community members, hired staff that reflect the backgrounds and cultures of participants, and designed their services to meet the needs of the community.

E.   Recommendations for Future Research

The study team recommends researchers focus on a few areas to build on the efforts of the VOCS study.

- Explore how centralized services address barriers that families and individuals face in accessing and receiving services related to structural and systemic factors, such as racism and segregation, disparities in education and opportunity, or geographical and transportation challenges.

- Continue to gather perspectives from individuals with lived experience, for further exploration of the ways centralized service providers incorporate client perspective into their approach.

- Investigate the relationship between centralized services and long-term client outcomes related to well-being, health, and self-sufficiency.
- Conduct in-depth cost analyses to provide insights into the costs and savings associated with centralized services approaches.
- Examine additional approaches to centralization in a variety of contexts to understand how these different approaches developed or operate in diverse contexts and communities.

Executive Summary

A.   Introduction and Background

In response to a Congressional directive in H. Rept. 116-62 Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, 2020, the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services sought to "research how centralized community resource centers, which allow citizens to apply for several Federal social services in a single location, can reduce the burden on constituents and ensure the cost-effective allocation of Federal resources."

ACF's Office of Planning, Research, and Evaluation (OPRE) contracted with MEF Associates and its subcontractor, Mathematica, to conduct the *Understanding the Value of Centralized Services (VOCS) Study*, starting in September 2020. The study synthesizes the existing research on centralized services with new data collection on how agencies are currently centralizing services that provide support for individuals and families with low incomes. The study included active engagement of interested individuals and experts, a literature review on existing research related to centralized service provision, and qualitative data collection with three sites providing centralized services. This report presents findings in response to the Congressional directive and adds to the literature on centralization through

- Summarizing the existing literature and identifying topics for future research;
- Documenting the approaches and experiences of three centralized community resource centers (CCRCs) that centralize their services and function in different ways;
- Highlighting the perspectives of individuals who access centralized services and the staff who provide centralized services; and
- Adapting a conceptual framework for centralization and applying it to concrete examples.

The study team and OPRE developed the following definition of a centralized community resource center to guide the study: *Brick-and-mortar locations where individuals can apply for or receive multiple services and/or benefits that are funded by the federal government.* This study focuses on single physical locations where multiple federally funded services or programs are co-located.

The VOCS study addresses the following research questions with the goal of addressing the Congressional directive; ensuring useful findings for ACF, practitioners, clients, and other interested individuals and groups; and building knowledge on centralization and coordination of services in a single location.

1. What is the range of models that have been used to provide centralized social services?
2. What do we know about the different models used to deliver services centrally?
   a. What are the benefits and challenges from the perspectives of staff and clients?

b. How does centralizing services in a single location enable or hinder access to services for potential clients? How does this approach vary for different groups, if at all?
c. What are the costs and benefits associated with different models of centralized services?
d. Do different models work better for particular programs, in different settings, or for different populations? What role does community context play?
e. How does centralization contribute to cost-effective allocation of resources for different models?

3. What is the motivation for centralizing services? How does the impetus for centralization relate to the types or models of centralization?
4. How are services being coordinated virtually, and how does this approach differ from physical co-location? How does virtual coordination complement centralized services provided in person? What are the costs and benefits of virtual co-location? What lessons can practitioners learn from the COVID-19 pandemic as it relates to centralized services?

The VOCS study includes the following components and data collection activities.

- **Engagement of interested individuals and experts.** We held three meetings with interested individuals and experts: one with federal staff, one with individuals who have experience in design of a wide range of services and supports for families at a systems level, and one with practitioners and individuals with lived experience. We focused on key topics such as what the individuals hoped to see from the project and how they thought findings from the study could inform their work. In addition, we gathered suggestions for CCRCs to engage in qualitative data collection and feedback on the study design and dissemination. Moreover, we engaged four experts from different backgrounds and fields who provided input on the design and approach for the project, including reviewing data collection instruments and reports and consulting to help study staff incorporate principles of equity.

- **Literature review.** We examined existing research on centralized services, inclusive of approaches that co-locate multiple services and providers at a single location and approaches that rely on virtual coordination or applications that facilitate access to multiple services. The literature review resulted in a broad perspective on the range of approaches to centralization and laid the foundation for further in-depth exploration through qualitative data collection during three site visits.

- **Qualitative data collection.** We completed site visits in March and April 2022 to collect qualitative data from three CCRCs. The site visits offered the study team an opportunity to examine and highlight three CCRCs' approaches to centralization. During the site visits, we explored the ways in which agencies centralize their services as well as the benefits and challenges from the perspective of staff and clients. We visited Blackfeet Manpower One-Stop Center (Blackfeet Manpower) in Browning, Montana; Neighborhood Place in Louisville, Kentucky; and Wayne Metro Community Action Agency (Wayne Metro) in Detroit, Michigan.

B.   Key Findings in Brief

FEATURES OF CENTRALIZED SERVICE DELIVERY

The literature review identified approaches for centralized service delivery ranging from co-locating in a single physical location; centralizing through a single staff person; linking individuals, children, and families to services through specific initial services; and coordinating services through technology.

The CCRCs visited used different elements of these approaches. Blackfeet Manpower centralized through physical co-location and blended funding and was in the process of cross-training staff to centralize staff roles and client intake. Neighborhood Place focused on physical co-location and sharing client information to streamline intake and service provision, without consolidating functions, funding, or data across agencies. Wayne Metro centralized through staff roles and training, physical co-location, and virtual centralization through its call center and universal application. All three CCRCs had a shared mission and vision among their programs, partners, or both. Synthesizing across the literature review and the qualitative data collection with three CCRCs yielded the following findings.

Responding to Community Needs

Each of the CCRCs visited developed its service approach because physically co-locating services could address specific needs or challenges that its communities faced. The types of services these CCRCs provide, or funding streams they use, also inform their centralized approach. Through these ties to their communities and expansion of services to fill service gaps, the three CCRCs developed a trusting relationship with the clients they serve by developing their services in partnership with their clients and by addressing individuals' and families' needs.

- **Meeting specific client and community needs, increasing access to services, and improving client outcomes were central motivations for centralizing services.** The literature and qualitative data collection identified a range of motivations for centralization, many specific to the community served. For Neighborhood Place, specific needs in local communities (i.e., truancy and dropouts) in the face of transportation barriers was a central motivating factor to centralize services within specific neighborhoods. Wayne Metro shifted from providing a range of different services in a relatively dispersed way to a single focused system for intake, centralized staff roles and data, and virtual access to ensure efficient and remote access to services, which accelerated during the COVID-19 pandemic. Blackfeet Manpower organically expanded its centralized service offerings to address client needs that it observed emerging in the community through services rooted in Blackfeet culture.

- **The three CCRCs emphasized the importance of engaging their communities and ensuring that their approaches prioritized community member perspectives and priorities over individual services or programs.** The CCRCs' community engagement approaches ranged from formal structures to ensure they prioritize community member interests, in the form of the Community Councils at Neighborhood Place and the Advisory Groups at Wayne Metro, to hiring staff from the community and among former clients at Blackfeet Manpower. Beyond practices for community engagement, the three CCRCs developed centralized approaches that center the individual clients and families they serve, rather than focusing on a service or program that may not address the range of challenges a client may face.

Virtual Services and COVID-19

- **Virtual services that centralized functions, such as applications, or that complemented physical co-location, expanded during the COVID-19 pandemic. Virtual services increased access for some clients, but others faced barriers to accessing virtual services.** The literature review and qualitative data collection found that providers expanded virtual applications and service provision, including some provision of remote or virtual services for the first time, during the COVID-19 pandemic. Although virtual services and applications can increase access for some clients, CCRC staff noted that lack of technology or broadband internet can be a barrier for some clients and that in-person

services are still necessary for clients to experience the benefits of accessing services in one place.

- **All CCRCs had to adapt to providing critical services to clients during the COVID-19 pandemic, using approaches that maintained their ability to connect clients with multiple services and that worked well for their clients.** These approaches ranged from physical drop boxes when offices were closed to expansion of virtual access points, such as online applications. CCRCs also reported that they reduced co-location with some partners during the COVID-19 pandemic.

- **Organizations with ties to their communities and existing infrastructure for connecting clients to multiple services are critical in ensuring that emergency aid is disbursed to individuals and families who need it.** All CCRCs served as conduits for Coronavirus Aid, Relief, and Economic Security Act funding to their communities. The CCRCs could respond quickly to this need because of the trust they had built with their clients and communities, their established access points for clients and service delivery infrastructure, and their ability to connect clients to additional services quickly.

BENEFITS AND CHALLENGES

Benefits. The qualitative data collection and literature surfaced benefits to centralized services, especially around access, staff support, and resources allocation.

- **Centralizing services can increase access for clients.** Clients may be able to access services more quickly through a centralized approach, and clients at all three CCRCs described how centralizing services in a single location helped them access services for which they may not have been aware they were eligible in addition to the services they originally sought. Clients consistently reported that they appreciated the convenience of accessing multiple services in one place.

- **All three CCRCs developed strong relationships and established trust with their community members, which contributes to clients' turning to the CCRCs when they need services.** Clients expressed that they view the CCRCs as a resource that could assist them with multiple services and that they feel comfortable seeking assistance there. They described how they came to the CCRC because they knew of the organization's involvement in the community, and they said the staff treat them with respect and dignity. Some clients said that having one place where they knew they could receive assistance for a range of needs contributed to a sense of trust, safety, and community.

- **Findings from the site visits and literature review suggest that centralizing services can result in a more efficient allocation of resources but also requires up-front investment.** CCRCs reported that centralizing services created efficiencies for clients, in that they do not have to visit multiple offices, saving them money (e.g., for transportation) and time. In addition, CCRCs reported efficiencies for staff such as application processing time saved. CCRCs identified the importance of initial investment in physical space or data systems to achieve these efficiencies.

Challenges. The literature review and qualitative data collection identified challenges related to staffing, data sharing, and space.

- **CCRCs faced staffing challenges related to buy-in, training, and turnover.** First, ensuring staff buy-in to centralization and addressing all client needs, rather than focusing on a specific service, could be a challenge. It could also be challenging for staff working across partner agencies to buy into the overall approach and mission. In addition, ensuring

adequate training could present a challenge, as well. Staff must be familiar with the requirements and processes of multiple programs to conduct intake or eligibility screening or to refer clients from one program to another. When investment in staff for buy-in and training is considerable, staff turnover is a particularly acute challenge.

- **Making data sharing work in practice while ensuring robust privacy protections and following clear consent procedures for clients can be a challenge.** A lack of coordination between programs' or services' data systems can lead to duplicated efforts by staff or clients. Even when CCRCs have a shared data system, some funding streams necessitate use of a separate data system, which can lead to duplicative data entry or multiple applications for clients. In addition, legal issues surrounding sharing client data among partner organizations can be a barrier, though CCRCs recognize these security measures are important to ensure clients' consent for data sharing and client privacy.

- **Finding adequate physical space to provide multiple services in one location can be a challenge.** Staff described tradeoffs between expanding service reach and maintaining co-location in a single location. Limited physical space can make it difficult to co-locate with additional services to meet community members' evolving needs because adding staff and providing new services may require office or meeting space or both.

LESSONS LEARNED

- **Staff emphasized the importance of beginning the process for centralization and continuously improving services and approach.** Programs have found that waiting for alignment of all components, such as data sharing or cross-training, before centralizing can be a challenge, and they recommended starting to centralize certain functions and "tweaking" to improve services. As one staff person said, "Build the plane while you fly it."

- **Staff said that training staff and cultivating a collaborative environment is important.** Staff are an essential component of service provision, especially in a centralized approach. Ensuring staff are supported and informed, as well as committed to working together across programs, agencies, or both to address client needs, can be a challenge but is foundational to centralization.

- **That provider staff and leadership are prepared is important for a shift toward integration and addressing a range of needs that a family or individual might have, rather than asking staff to focus on a single service or program.** CCRCs emphasized that ensuring buy-in at all levels for focusing more holistically on clients' potential needs is critical for centralizing services. This preparation could include ensuring that staff understand the changes, the reason the organization is shifting toward integration, and the shift's effect on their work and for their clients.

- **CCRCs found that seeking input from the community and ensuring connections to the community and clients served are essential.** All three CCRCs have deep ties to their communities, which informed the package of services offered and ensured the approach to centralization would address community members' needs. Clients articulated that they are likely to seek services at the organizations that they trust, which then helps improve their access to services. Clients who trust an organization to provide services may also refer other community members to the CCRC, thereby expanding access within the community.

C.   Recommendations for Future Research

The study team recommends researchers focus on a few areas to build on the efforts of the VOCS study.

- **Exploration of structural barriers that individuals and families with low incomes face.** The VOCS study explored how CCRCs provide centralized services and how families and individuals experience them, but the study did not examine how services can address barriers that families face in accessing and receiving services related to structural and systemic factors and the root causes of these barriers. This next step would be important for understanding how CCRCs can further support families.

- **Further study on the perspectives of individuals with lived experience.** Future opportunities could include responses from clients of a broader range of CCRCs as well as an explicit focus on clients who may have accessed non-centralized services to understand the differences in their experiences.

- **Examination of the relationship between centralized services and long-term client outcomes.** The literature identifies a gap in existing research on how centralizing services impacts long-term client outcomes and what client outcomes are most meaningful to centralized service providers.

- **Analysis of the costs and savings associated with centralized services approaches.** Whereas the VOCS study explores staff perceptions of the costs of centralized services, the study did not include formal cost studies or benefit-cost analyses. An in-depth analysis of the costs and savings associated with centralized service provision, as well as who benefits from the savings or bears the cost, would provide insight into efficiencies of centralized service approaches.

- **A broader scan of CCRCs operating in a variety of contexts.** Although the VOCS study explored three CCRCs in detail, practitioners, researchers, and clients could benefit from further exploration of different approaches and how these approaches operate in different contexts and communities. This exploration could contribute to a deeper understanding of how to reduce disparities and increase equity in service delivery.

Chapter 1. Introduction and Project Background

A.   Study Goals and Background

In response to a Congressional directive in H. Rept. 116-62 Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, 2020,[1] the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services sought to "research how centralized community resource centers, which allow citizens to apply for several Federal social services in a single location, can reduce the burden on constituents and ensure the cost-effective allocation of Federal resources."

ACF's Office of Planning, Research, and Evaluation (OPRE) contracted with MEF Associates and its subcontractor, Mathematica (the "study team"), to conduct the *Understanding the Value of Centralized Services (VOCS) Study*, starting in September 2020. The study synthesizes the existing research and literature on centralized services with new data collection on how agencies are currently centralizing services that provide support for individuals and families with low incomes. The study included active engagement of interested individuals and groups, a literature review on existing research related to centralized service provision, and qualitative data collection with three sites providing centralized services. This report presents findings in response to the Congressional directive and adds to the literature on centralization through

- Summarizing the existing literature and identifying topics for future research;
- Documenting the approaches and experiences of three centralized community resource centers (CCRCs)[2] that centralize their services and function in different ways;
- Highlighting the perspectives of individuals who access centralized services and the staff who provide centralized services; and
- Adapting a conceptual framework for centralization and applying it to concrete examples.

DEFINITION OF CENTRALIZED COMMUNITY RESOURCE CENTER

CCRCs encompass an array of service delivery approaches that bring together multiple services in a single location, including services that families must apply for, such as food assistance, as well as services that families must participate in to meet requirements, such as child welfare services. Individuals and families with low incomes are often eligible for a wide range of benefits and services, which different agencies administer and various funding streams support. Because these services can be dispersed, both physically and administratively, people who seek them often must travel to different offices, submit multiple applications, and provide the same information multiple times, while potentially missing opportunities to access needed services because of lack of clear information on service availability and eligibility.

To address these challenges and better support families in accessing services, CCRCs have emerged to consolidate distinct services. They may provide cash assistance, food assistance, child care, housing and utility services, child welfare services, and employment and training, among many other services, in a single location. For example, American Job Centers (AJCs) co-locate workforce, education, and other services for individuals seeking jobs, while human services agencies at the state and county levels may co-locate applications and services for Supplemental Nutrition Assistance

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[1] P.L. 115–245

[2] To align with the Congressional directive, we use the abbreviation "CCRC" throughout this report.

Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and other publicly funded services (see Appendix A).

Starting with this broad landscape, OPRE and the study team developed a definition of a centralized community resource center focused on physical co-location: *Brick-and-mortar locations where individuals can apply for or receive multiple services and/or benefits that are funded by the federal government.* This study focuses on single physical locations where multiple federally funded services or programs are co-located.

Though the definition focuses explicitly on physical co-location, we also incorporated exploration of virtual applications and services, especially how they could complement in-person centralized services and how programs may have used virtual approaches during the COVID-19 pandemic to continue serving clients when in-person meetings were unfeasible.

CONCEPTUAL FRAMEWORK

To understand how different CCRCs coordinate services, the team drew from frameworks developed in past research on centralization and service integration. Much of the early research on service integration focused on three "Cs"—cooperation, coordination, and collaboration (Keast, Brown, & Miller, 2007). The three Cs reflect the level of intensity and formality of relationships between service provider partners. Building on this research, Corbett & Noyes (2008) created a conceptual framework in which they describe relationship intensity in terms of six Cs— communication, cooperation, coordination, collaboration, convergence, and consolidation. They categorized integration efforts into three levels, starting with more informal integration at Level 1 and building toward more intensive integration at Level 3.

- **Level 1: Communication and Cooperation.** Integration efforts at Level 1 rely on better communications across programs and systems.

- **Level 2: Coordination and Collaboration.** At this level, efforts move into more formal, sometimes contractual, agreements across participating programs.

- **Level 3: Convergence and Consolidation.** At this level, separate programs and systems begin to lose their distinct identities. The public may be less able to identify with which agency or program they are interacting.

The VOCS study applies these three levels to different features of service delivery, including mission and vision, data sharing, funding, and staffing and case management, to provide concrete examples of how CCRCs may use centralization to serve their clients. Although the conceptual framework includes three levels, CCRCs' centralization is not necessarily moving toward a higher level because CCRCs may not all be striving toward converging and consolidating all features. A CCRC might decide to centralize at a specific level or might face external constraints that limit its ability to continue to centralize at a higher level and develop ways to deliver services within its constraints. Box 1 provides examples of service delivery features that might be present at each level, but this list is not inclusive of all the ways in which a CCRC may centralize. Where possible, it takes into account the experience or perception of individuals and families who receive services, though one limitation

of this conceptual model is that it focuses on the CCRC rather than incorporating both clients' and organizational perspectives.

Box 1. Examples of Centralization across Levels and Program Elements

Mission and Vision

Level 1. Programs may have similar missions and visions but have not formally aligned them. Programs communicate on common problems and opportunities.

Level 2. Programs begin to develop more shared missions, visions, and goals and track information to formalize these processes.

Level 3. Missions, vision, and goals are completely shared.

Data Sharing

Level 1. Programs do not share data, but staff understand what data are collected by other programs. Clients may provide the same information multiple times. Programs may have a task force or advisory group to explore potential for data sharing.

Level 2. Programs have limited data sharing, share data as needed between programs, or both.

Level 3. Programs have an integrated data system or well-established mechanism for sharing data on clients in real-time. If there are multiple data systems, clients experience minimal repetition of data collection.

Funding

Level 1. Partners contribute funding to cover shared costs, such as space, but have separate budgets.

Level 2. Agencies blend or braid funding, but not all funding can be used flexibly to cover shared costs.[1]

Level 3. Agencies pool resources and blend or braid funding, at the state, local, or program level, allowing flexibility to move resources among services.

Staffing and Case Management

Level 1. Sites do not share staff. Staff communicate as needed. Shared training may exist to make sure staff are aware of other programs' functions. Program staff refer clients across programs.

Level 2. Staff share some responsibilities (e.g., administrative functions), but clients can distinguish different programs' staff. Staff conduct warm handoffs to other programs and receive training on other programs' services.

Level 3. Staff deliver services across multiple programs. Staff provide case management for multiple programs, so clients interact with only a single case manager during their experience at the center. Different program staff are indistinguishable to clients.

[1]Braiding refers to weaving together funds from various sources to support centralized program goals, but funds are tracked separately. Braiding federal funding generally does not require statutory authority. Blending means pooling funds from different sources without tracking each funding source separately, so the funding source becomes indistinguishable in the overall budget. Blending federal funding typically requires statutory authority. (https://www.brookings.edu/wp-content/uploads/2020/04/BraidingAndBlending20200403.pdf)

RESEARCH QUESTIONS

The VOCS study addresses the following research questions with the goals of addressing the Congressional directive; ensuring useful findings for ACF, practitioners, clients (individuals and families who access and receive services), and other interested individuals and groups; and building knowledge on centralization and coordination of services in a single location.

1. What is the range of models that have been used to provide centralized social services?
2. What do we know about the different models used to deliver services centrally?
   a. What are the benefits and challenges from the perspectives of staff and clients?
   b. How does centralizing services in a single location enable or hinder access to services for potential clients? How does this approach vary for different groups, if at all?
   c. What are the costs and benefits associated with different models of centralized services?
   d. Do different models work better for particular programs, in different settings, or for different populations? What role does community context play?
   e. How does centralization contribute to cost-effective allocation of resources for different models?
3. What is the motivation for centralizing services? How does the impetus for centralization relate to the types or models of centralization?
4. How are services being coordinated virtually, and how does this approach differ from physical co-location? How does virtual coordination complement centralized services provided in person? What are the costs and benefits of virtual co-location? What lessons can practitioners learn from the COVID-19 pandemic as it relates to centralized services?

The findings from the VOCS study will complement other work from OPRE, as described in Box 2.

Box 2. OPRE's Portfolio on Coordinated Services

VOCS is one of several projects that OPRE has launched over the past several years to explore the coordination of services to support children and families. Projects within this research portfolio address the intentional coordination of two or more services. These projects span OPRE's research portfolios, including child care, Head Start, home visiting, child welfare, and welfare and family self-sufficiency. VOCS is unique in its emphasis on centralization through physical coordination of services and its inclusion of many different types of services. As a result, it can complement findings from the other studies, which explore similar topics for different programs and populations. VOCS drew on these other projects, especially in the literature review and site selection, to avoid duplication and to focus on areas that have yet to be explored. More information on OPRE's Coordinated Services projects can be found at https://www.acf.hhs.gov/opre/coordinated-services-research-and-evaluation-portfolio.

B.   Study Methodology

The VOCS study includes three main components: active engagement of interested individuals and groups and expert consultation; a literature review; and qualitative data collection with three CCRCs. Throughout this report, we use the term "services" to refer to the activities or programs that individuals and families with low incomes receive at CCRCs. We use "provider" to refer to entities that deliver these services and "approaches" to refer to ways that CCRCs centralize services.

ENGAGEMENT OF INTERESTED INDIVIDUALS AND EXPERTS

To gather external input at the early stages of the study, we held three meetings with interested individuals and experts: one with federal staff, one with individuals who have experience in the design of a wide range of services and supports for families at a systems level, and one with practitioners and individuals with lived experience. The team held these meetings virtually, using an online collaboration tool, and focused on key topics such as what the individuals hoped to see from the project and how they thought it could inform their work. In addition, we gathered suggestions for CCRCs to engage in qualitative data collection and feedback on the study design and dissemination.

The study team incorporated feedback from the meeting participants into the design. Input offered by federal staff included being mindful of using an equity and inclusion lens, creating easily accessible products, and identifying sites that serve individuals from diverse backgrounds. Individuals who participated in the systems-level meeting suggested that we should be mindful of using an equity and inclusion lens, consider geographic variation during site selection, include questions about funding streams and costs associated with centralization, examine client access and burden during the site visits, and create short-format deliverables. Practitioners provided insights about successes, challenges, and opportunities with centralizing services.

Individuals with lived experience (in this case, clients of programs that centralize services) shared their views on what aspects of centralized services they thought were important to explore through the study, such as understanding how the staff at CCRCs interact with their clients and what types of information they would like to see come out of this study. Below are a few key themes from this conversation.

- A key benefit of centralized community resource centers is a single point-of-contact (commonly referred to as a "case manager" or "service coordinator") who can help clients find services they need.
- Having staff with similar life experiences as clients is important.
- All staff in centralized community resource centers should treat participants with dignity and respect.

Based on information gathered from meetings with interested individuals, we reviewed our data collection instruments for equitable language and incorporated questions that addressed equity, examined our site selection criteria for diverse characteristics, and included short, accessible products in our dissemination plan.

We also engaged four experts from different backgrounds and fields who provided input on the design and approach for the project, including reviewing data collection instruments and reports and consulting to help study staff incorporate principles of equity.

LITERATURE REVIEW

We examined existing research on centralized services, inclusive of approaches that co-locate multiple services and providers at a single location and approaches that rely on virtual coordination or applications that facilitate access to multiple services. The literature review resulted in a broader perspective on the range of approaches to centralization and laid the foundation for further in-depth exploration through qualitative data collection on three site visits. The literature review synthesis is included in Chapter 2, and the full annotated bibliography in Appendix A.

QUALITATIVE DATA COLLECTION WITH CCRCS

We completed site visits in March and April 2022 to collect qualitative data from three CCRCs. The site visits offered the study team an opportunity to examine and highlight three CCRCs' approaches to centralization. During the site visits, we explored the ways agencies centralize their services as well as the benefits and challenges from the perspective of staff and clients. Box 3 describes the context of COVID-19 for our data collection.

The literature review and site visit data sources complement each other. The literature review provides an overview with a broader reach and the qualitative data collection builds on those findings to fill gaps identified in the literature review and to explore certain topics more deeply. Both sources also lay groundwork for future research efforts focused on centralized services. Chapter 2 contains a summary of findings from the literature review. Chapter 3 introduces the CCRCs we visited and the qualitative research methodology, while Chapters 4 through 6 describe CCRC-specific findings. In Chapter 7, we bring together the findings from the site visits and literature review. Chapter 8 shares opportunities for future research.

Box 3. VOCS and COVID-19

This study began in fall 2020, and we conducted site visits in spring 2022. As a result, programs and agencies had gone through two years of changes and adaptations because of COVID-19. At the time of the site visits, all programs were providing in-person services. However, the visits occurred at a time of change as programs were trying to determine what their services would look like moving forward. We discuss the CCRCs' experiences during the COVID-19 pandemic and plans in Chapter 7.

Chapter 2. Literature Review Synthesis

The targeted literature review presented here provides information on centralized services.

We first provide background information about how we define centralization. Next, we discuss how we conducted the review, including search strategies and criteria for including studies. We then synthesize information from the literature organized by research question. Appendix A is an annotated bibliography that presents the works cited in the review, including which research questions each publication addressed and relevant findings.

A.   Background

The literature lacks consensus on a single definition of centralized services. Multiple terms—such as service coordination, co-location, and centralization—are commonly used to refer to the same type of service delivery model. As described in Chapter 1, the VOCS study considers centralization as a brick-and-mortar location where individuals can apply for or receive multiple services, benefits, or both, funded by the federal government. Although the study focuses primarily on approaches that co-locate multiple services and providers within a single physical location, this literature review also includes a variety of approaches to centralize services such as virtual coordination systems and virtual applications that facilitate access to multiple services.

To help frame this literature review, we identified the following four research studies conducted between 2011 and 2021 that also examined different characteristics of and approaches to centralization:

- Integrated Approaches to Supporting Child Development and Improving Family Economic Security (Sama-Miller et al. 2017);
- Work Participation and Temporary Assistance for Needy Families (TANF)/Workforce Investment Act (WIA) Coordination (Kirby et al. 2015);
- Assessing Models of Coordinated Services for Low-Income Children and Their Families (Baumgartner et al. 2021); and
- Institutional Analysis of American Job Centers (AJCs) (Brown and Holcomb 2018).

Our review of these federally funded studies informed the direction of this literature review and the overall direction of the VOCS project. Leveraging our knowledge of coordinated services through these studies helped us identify sources that were frequently cited among them. In addition, we reviewed the findings from these studies and as they related to the research questions for VOCS.

For a more detailed overview of each of these four studies, see Appendix A.

B.   Methods

We used three sources to identify relevant and recent literature for this review. First, we summarized the findings from literature reviews conducted for the four prior studies identified above. We did not re-review the studies included in these literature reviews. Second, we conducted a targeted academic database search and a search of gray literature (literature not published in peer-reviewed research journals). We used search terms such as "centralized services," "coordinated services," "parent education," and "public assistance" to identify studies (See Appendix A for more information). Using these search terms, we identified 618 unique citations from the database search and an additional 88 gray literature results. Finally, we solicited input from federal staff and contractors leading six ACF projects that focus on different aspects of coordinated services. These project staff nominated 10 additional studies.

Box 4 summarizes the criteria we used in screening articles for inclusion in the literature review. Despite identifying a large number of articles in our initial scan, only 27 met all of our criteria. Most of the articles were screened out because they did not include centralized services or features of centralized models, were conducted outside the United States, or did not focus on populations with low incomes. Of these 27 articles, 19 described initiatives that centralized services; 14 articles included multiple initiatives that centralized services; and 22 described the benefits, challenges, costs, and savings associated with centralizing services. Twenty-three articles described the motivations for centralizing services, and 7 articles described how initiatives coordinated services virtually at the time of publication, though the number of initiatives that have coordinated services virtually and information available about these services has evolved throughout the COVID-19 pandemic. These articles reflect a variety of ways to centralize services and cover initiatives that offer local, state, and federal services to clients. Findings presented in this review reflect the articles reviewed and the examples are illustrative rather than comprehensive.

C.   Summary of Literature by Research Question

To organize the findings from the literature review, we present high-level findings by research question.

RQ 1. What is the range of models that have been used to provide centralized social services?

Centralized services approaches varied on the degree to which or the ways in which they centralized services, from co-locating multiple providers and services in one location to offering multiple services through the same agency. One approach, used by AJCs, co-locates workforce development and education providers, such as basic education and literacy providers and vocational rehabilitation providers, to offer streamlined services (Brown & Holcomb, 2018; Sommer et al., 2018). Another approach, used by community action agencies, provides a range of services in a single local implementing agency.

Services could be centralized through co-location, by locating multiple services on the same campus, in the same building, or in the same office space (Barbee & Antle, 2011; U.S. Government Accountability Office [GAO], 2011; Guinan & Hansell, 2014; Lechuga-Peña & Brisson, 2018). Some articles specifically discussed how initiatives organized multiple services at one location to serve as hubs; for example, some schools brought together various health services on campus for families (Williams-Boyd, 2010; Horn et al., 2015).

Although not a primary focus of this review, another way to centralize services involved using a case manager or coach. In the absence of co-location and brick-and-mortar sites, case managers brokered and connected families to a broad range of services, including those located in separate physical locations (Anderson et al., 2019; Bunger et al., 2020; Pruett & Cornett, 2017; Ellerbe et al., 2011). Case managers directed participants to the appropriate services by conducting

Box 5. Examples of Centralized Service Approaches

Services can be centralized in a variety of ways; these approaches are not mutually exclusive.

- **Co-location of providers.** When two or more providers are located on the same campus, in the same building, or in the same office space, as part of the co-located services, a provider can, but may not always, use case managers to help participants access services. Providers are still considered centralized regardless of whether the providers are working together.

- **Co-location of services.** When two or more services are located on the same campus, in the same building, or in the same office space, services are still considered centralized regardless of whether the providers are working together.

- **Virtual coordination.** Virtual coordination refers to using technology to help participants access or participate in services virtually, via a centralized intake system that refers them either to services or to platforms that house eligibility information and deliver services.

- **Case management.** Meeting, typically one-on-one, with a staff member, such as an engagement specialist or a counselor, who helps assess needs and refers clients to other available services, case management can take place before or during service receipt and could focus on a variety of services.

assessments and identifying needs with participants (Cortes et al., 2012; Ellerbe et al., 2011). At Solutions for Change, a provider that offered shelter and transitional housing with other supportive services, such as employment training and mental health services, case managers were the main point-of-contact for participants and helped them access transitional housing units (Gaffney & Glosser 2021) and other such services. Box 5 provides examples of these approaches.

Centralized services approaches included a variety of services and supports for children and families with low incomes and clients without children. Reviewed approaches connected families to federally funded supports, such as training and job search assistance for job seekers funded by the Workforce Innovation and Opportunity Act (WIOA) (Martinson & Scrivener, 2021). For children, some approaches offered supports for early childhood care and education or coordinated with education providers (Williams-Boyd, 2010; U.S. Department of Health and Human Services [HHS], 2017; U.S. HHS, 2011; Sommer et al., 2018; Horn et al., 2015). Other approaches offered services to help stabilize housing, specifically for situations in which intimate partner violence was present (Lechuga-Peña & Brisson, 2018; Cortes et al., 2012; Burt et al., 2010; Cohen, 2010). Approaches also sought to support families by offering substance use services (He & Phillips, 2017; Bunger et al., 2020; Thomas & Kauff, 2012; American Public Human Services Association

[APHSA], 2021; Burt et al., 2010). For individuals without children, approaches often paired housing with workforce development or substance use services.

Virtual service coordination offered another type of centralization beyond physical co-location. Some of the reviewed approaches used technology for virtual coordination, either by developing a centralized intake system to refer participants to services or by developing platforms to house eligibility information or deliver virtual services to participants (ACF, 2015; Burt et al., 2010; Thomas & Kauff, 2012; APHSA, 2020). For example, centralized intake systems developed by one initiative helped participants who received housing support apply for and maintain 12-month housing and apply for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and domestic violence services (Burt et al., 2010). Cortes et al. (2012) described a single referral system in which a school district liaison, who coordinated services for families, tracked service information. Having a system that housed families' data reduced paperwork because families did not have to provide information to each services provider. The system also helped confirm families' eligibility before staff spent time on recruitment. Another initiative developed an electronic records system to which families submitted applications and uploaded relevant eligibility documents. More than 80 community-based organizations had access to this system to identify families eligible for their services (Thomas & Kauff, 2012).

RQ 2a. What are the key benefits, challenges, and costs?

Benefits to participants

None of the studies included in this review rigorously evaluated the effects of centralizing services on participant outcomes. The articles did not randomly assign treatment and control groups where the treatment group was offered a set of centralized services and the control group was given access to the same services in a non-centralized way. Additionally, there were no studies that compared participant outcomes before and after centralization.

Studies included in this review identified potential benefits of centralizing services within two domains: increased access to services and improved outcomes for children and families. We discuss each of these benefits below.

Increased access to services

Centralizing services can result in faster access to services (U.S. GAO, 2011). In a few studies, staff at initiatives providing centralized services were aware of other resources and were better able to connect participants to them than staff at initiatives that did not centralize services (Bunger, et al. 2020; Cohen, 2010; Cortes et al., 2012; Ellerbe et al., 2011; ICF International, 2016; U.S. GAO, 2011). Six of the reviewed studies reported that some approaches could better meet families' needs because staff understood the range of participants' needs and could connect participants to a wider range of services. In approaches that linked human services with housing supports, centralization helped improve communication between provider staff and enabled them to use the expertise and services of partners to meet diverse and complex needs of participants (Cortes et al., 2012; U.S. GAO, 2011). For example, the Kentucky Targeted Assessment Program staff, located in public assistance and child welfare offices, assessed participants' needs across multiple areas, including substance use, mental health, intimate partner violence, medical challenges, housing, child care, and legal status (Ellerbe et al., 2011).

Improved outcomes for children and families

Few of the reviewed studies measured outcomes for children and families. In a study evaluating the Wisconsin PROMISE initiative, which provided youth who would be eligible for SSI access to employment, Anderson et al. (2019) estimated the outcomes of three different conditions: sharing a

list of services available in the community, providing targeted outreach, and continuing the targeted outreach paired with case management to coordinate services. The article showed how case management paired with coordinated services increased employment and access to long-term health care support for youth who participated in Wisconsin PROMISE, as compared with youth who were provided only a list of services available in the community.

Another study (He & Phillips, 2017) described how an initiative can better support family outcomes when substance use services are available to help them accomplish goals, such as helping families with child welfare involvement reunify. This study used survey data from the National Survey of Child and Adolescent Well-Being to calculate and compare the number of available substance use services to which child welfare workers could connect families.

Financial implications

There is little research on the financial cost to organizations of centralizing services. Several articles estimate future cost savings for providers because of streamlined staff responsibilities, more efficient service delivery, or fewer facilities required for staff needs (Anderson et al., 2019; Barbee & Antle, 2011; Sommer et al., 2018; U.S. GAO, 2011). None of the reviewed studies quantified the added financial costs of centralization or compared the costs of providing services in a centralized manner with providing services separately. The U.S. GAO analyzed questionnaire data reported by agency liaisons from workforce development providers that helped participants develop job skills, identify jobs, and support participants in obtaining employment. Liaisons provided information about the provider's mission, eligibility requirements for services, funding, services, and the provider's outcomes of interest. In addition to the questionnaire, U.S. GAO staff also interviewed federal agency officials from the U.S. Department of Health and Human Services and U.S. Department of Labor, and officials from Florida, Texas, and Utah. Based on the interviews, U.S. GAO reported co-locating services could lead to streamlined staff roles, reduced costs associated with those positions, and reduced facilities needed for those staff members; however, it could be years before co-location led to cost savings because of the time needed to integrate services, match needs for facilities, and align databases (U.S. GAO, 2011).

Limited research exists on the costs or savings related to centralized services for systems or participants. Analyses often did not account for or measure systems-level outcomes, such as the net costs of centralization, because the net costs can be difficult to quantify and may be influenced by many factors. Without accurate accounting of external factors or larger system benefits, estimated costs and savings might not reflect the full impact of centralization. For example, Horn et al. (2015) hypothesized that measuring the financial effects of services offered by community hubs that provide education in addition to other services is difficult. Their hypothesis is based on some factors that influence outcomes, such as the benefit of living in a community that supports child development, which are difficult to quantify.

Some studies explored the financial implications of centralization for states and the federal government. The Wisconsin PROMISE study (Anderson et al., 2019) estimated that the targeted outreach paired with case management could generate more than $266,000 in federal income tax revenue in a year by helping individuals obtain jobs; however, it did not account for costs associated with providing these services. Additionally, within 14 months of participating in Wisconsin PROMISE, 5 percent of youth who participated were employed. Authors estimated that a similar level of targeted outreach, case management, and centralized services as implemented in Wisconsin PROMISE had the potential to create substantial public benefits savings for Wisconsin, if 5 percent of youth did not need to access public benefits after participating. Cortes et al. (2012) estimated that centralizing services and connecting individuals and families to housing and other human services reduced overall costs to society by reducing individuals' need to access costly emergency services.

Challenges

Coordination can require a high level of effort by provider leadership. As described in the study of coordination across TANF and WIA (Kirby et al., 2015), a major challenge when implementing centralized services was the high level of effort required of leaders and staff to work across providers. Time-intensive activities included working with privacy rules to use and share data across providers to support service receipt and measure impacts, identifying funding sources to sustain centralization and the training required to effectively coordinate services, and understanding the eligibility requirements across services to help families access multiple supports (Kirby et al., 2015; ACF, 2016; Horn et al., 2015; Burt et al., 2010; Cohen, 2010; Cortes et al., 2012; U.S. HHS, 2011; U.S. HHS, 2017).

To centralize services, organizations need several facilitating factors to align at the same time. Aligning those factors could be a challenge. According to Cortes et al. (2012) and U.S. GAO (2011), organizations needed available physical space for other service providers to centralize services or to co-locate. Service providers also required flexibility in their leases to leave for a new co-located space or add another service provider into their space. But co-location could be more complicated than simply occupying the same building; sometimes it involved sharing the cost associated with upkeep for the space. Both funding to share the cost of upkeep and physical space could be difficult to identify and acquire (U.S. GAO, 2011; Cortes et al., 2012).

Centralized services do not guarantee access for all families; service availability and staff capacity could limit access. For example, providers that centralized services with housing struggled to transition families out of services so new families could access services. With a finite number of subsidized housing units, no additional families could be served until a currently enrolled family could afford its own housing and move out of the unit (Cortes et al., 2012).

Services can also be centralized and still not facilitate families' access to them. Staff need to be trained on and informed about the services available for families and the eligibility requirements for those services (Burt, 2010). Without this information, staff could refer families to services for which they are ineligible or could miss opportunities to connect families with services that would benefit them. Additionally, staff may be unable to commit the time and effort to develop relationships with other service providers to facilitate warm handoffs for families and to ensure they access the services to which they were connected.

Overall, studies included in the literature review often used non-experimental methods to explore the outcomes of the programs but not the independent effect of centralization in these initiatives. We provide more information about additional opportunities for further research in the Conclusion section of this review.

RQ 3. What is the motivation for centralizing services? How does the impetus for centralization relate to the types or models of centralization?

Approaches in the articles centralized services to increase access to them and to provide more efficient experiences for participants. The literature indicated that approaches varied widely in terms of services provided and ways in which they centralized services, from addressing the needs of local communities to responding to policy requirements. For example, in some cases, legislative policy directives, such as WIA, motivated initiatives to improve inefficiencies in employment training services (U.S. GAO, 2011). Understanding that families have complex needs, most reviewed approaches targeted children and families with services to help them access relevant services quickly (Bunger et al., 2020; He & Phillips, 2017; Pruett & Cornett, 2017; Williams-Boyd, 2010; Barbee & Antle, 2011; Ellerbe et al., 2011; Thomas & Kauff, 2012; ACF, 2015; ACF, 2016; ACF & Office of Family Assistance, 2014; U.S. GAO, 2011; Guinan & Hansell, 2014; Lechuga-Peña & Brisson, 2018;

U.S. HHS, 2011; Sommer et al., 2018; Cortes et al., 2012; APHSA, 2021; Cohen, 2010; Kauff et al., 2011). For example, some initiatives developed technology to increase access to services by reducing stigma or transportation challenges when applying for benefits (Thomas & Kauff, 2012). Initiatives often delivered services locally to support access, as opposed to statewide or nationally, through local implementing agencies, such as Community Action Agencies (Pruett & Cornett, 2017; Williams-Boyd, 2010; Sommer et al., 2018; Burt et al., 2010; Barbee & Antle, 2011; U.S. GAO, 2011; Cortes et al., 2012; Ellerbe et al., 2011; Farrell et al., 2021).

Approaches targeted services based on what children and families needed to improve their outcomes. Some approaches sought to improve child and family outcomes, such as improving child development outcomes and increasing family reunification and parent engagement. These approaches provided services such as substance use services, educational opportunities, housing support, workforce development, and adult education. A few approaches coordinated education with nonacademic services to improve the well-being of students who experience poverty (U.S. HHS, 2011; Sommer et al., 2018; Williams-Boyd, 2010). Other approaches aimed to support children's learning and families' housing stability or to connect families to nonacademic services to improve academic outcomes (Guinan & Hansell, 2014; Horn et al., 2015).

Articles described how two initiatives centralized services to reduce public benefit use. For example, the Wisconsin PROMISE initiative aimed to coordinate services and to provide information to families in a way that would increase their overall income and reduce the use of public benefit services (Anderson et al., 2019). The Kentucky Targeted Assessment Program initiative aimed to help adults become self-sufficient and to reduce public benefit use (Ellerbe et al., 2011; Farrell et al., 2021).

Though most articles included in this review described the providers' motivations for centralizing services, little information was available about how motivations aligned with types of approaches to centralization. Future research should explore this question further.

RQ 4. How are services being coordinated virtually, and how does this approach differ from or complement centralized services provided in person?

Documentation of the use of virtual approaches was limited. Some organizations are exploring use of technology to expedite and streamline access to benefits. In 2011, Kauff et al. conducted a scan of 86 web-based technologies that public agencies and private services providers used to centralize information, including online applications. Programs used web-based tools for a range of purposes, including to help participants learn about benefits available to them, to allow participants to apply for benefits, to determine their eligibility and enroll in benefits, and to complete tasks to remain enrolled.

The scan identified three types of models shown in Box 6. For example, one initiative documented in this literature review used a centralized electronic case record system that community-based organizations could access to help participants complete and submit applications for public assistance. A follow-up brief identified strategies to address common challenges accessing services for specific populations, including translating web-based technologies so they are usable for people with limited English-language proficiency (Thomas & Kauff, 2012).

> **Box 6. Types of Virtual Models**
>
> 1. Interactive software to determine benefit eligibility
> 2. Online applications for which hard copies are printed and returned to the provider office via mail or in person
> 3. Online applications submitted online

Virtual services can reduce duplication of staff efforts when providers coordinate. In 2014, the Connecticut Department of Social Services made a request to ACF's Peer Technical Assistance Network, which provides technical assistance to and connects state and local TANF agencies to support information sharing and research. The Department requested support for learning about how other states restructured their TANF service delivery, intake, engagement, and service coordination. To fill the request, the Peer Technical Assistance Network conducted semi-structured calls with eight states about restructuring TANF services. The Peer Technical Assistance Network reported that some states used technology, such as case management systems that centralize information about work activities, plans, payments, and participation in other services, to streamline their processes. When other providers began to use the same system, a reduction in duplicated efforts occurred (BLH Technologies & ICF International, 2014).

Virtual services use expanded throughout the COVID-19 pandemic. Some providers offered services virtually for the first time with the help of new, flexible policies (Martinson & Scrivener, 2021). For example, providers that offered employment services with substance use disorder treatment and recovery services could begin providing services virtually because of new telehealth policies and billing procedures. One initiative adopted a mobile application to send reminders to participants about appointments and to follow up after appointments. The initiative also reported higher participant engagement because participants could access virtual services on their own timeline rather than having to attend set appointments in person. Some initiatives also improved the available web-based technologies by adding features such as the ability to apply for multiple services through one web or mobile application or the capacity to upload eligibility documents. Some providers began to streamline applications and steps that staff had to complete to process applications for specific services, including SNAP and TANF. Streamlining made processes more efficient for participants and staff (APHSA, 2021).

D.   Conclusion

The literature included in this review largely describes approaches and individual initiatives that centralize services; however, opportunities exist to further the understanding of centralized services, models of centralization, and associated outcomes. For example, it would be valuable for future research to identify the essential components of service centralization, explore and quantify the costs associated with centralizing services, and include the perspectives of individuals participating in the services. Future research can also explore the evolution of virtual services offered throughout the entire COVID-19 pandemic and if and how virtual services continued afterwards.

We explored these gaps identified in the literature review through the site visits, which we describe in Chapters 4 through 7. These chapters include topics such as incorporating the perspectives of individuals with lived experienced accessing centralized services, learning about the experiences of programs during the pandemic, and exploring how programs allocate resources to centralized services. In Chapter 8, we discuss opportunities for future research identified across the literature review and qualitative data collection with CCRCs.

Chapter 3. Introduction to CCRCs Visited

The qualitative data collection conducted as part of visits to three CCRCs explored how staff and clients have experienced centralized services and their perspectives on the benefits, challenges, and costs of providing centralized services. The qualitative data collection also focused on filling gaps identified in the literature review (see Chapter 2), including describing the features of centralization, understanding how CCRCs decided to centralize and how these motivations related to the centralization approaches they used, exploring how they adapted to the COVID-19 pandemic and implemented virtual services and applications, and documenting the extent to which CCRCs perceive that centralization results in costs or efficiencies in funding and service delivery. We also incorporated the perspectives of clients to understand how they experience centralized services.

This chapter provides an overview of the methods for site selection and data collection as well as an introduction to the three sites visited.

A.   Introduction to the Three CCRCs

The three CCRCs visited were Blackfeet Manpower One-Stop Center (Blackfeet Manpower) in Browning, Montana; Neighborhood Place in Louisville, Kentucky; and Wayne Metro Community Action Agency (Wayne Metro) in Detroit, Michigan. Exhibit 1 summarizes the CCRCs. Each is discussed individually in Chapters 4 through 6. The Neighborhood Place and Wayne Metro visits included multiple locations with centralized services in different communities throughout their service areas, while the visit to Blackfeet Manpower focused on a single physical location that served a single community.

Exhibit 1. Summary of Sites Visited

	Blackfeet Manpower	Neighborhood Place	Wayne Metro
Service Area	Browning, Montana, and surrounding areas	Jefferson County, Kentucky, focusing on City of Louisville	Wayne County, Michigan, focusing on City of Detroit
Year Founded	1965	1993	1975
Service Domains	Tribal TANF, employment and job training, childcare, veterans support services, adult education, teen pregnancy support and prevention	TANF, Medicaid, SNAP, rent and utility assistance, substance use disorder services, childcare, family intervention and school services, child welfare	Head Start, financial counseling and education, utility assistance, tax preparation, GED preparation, housing, and homelessness services
Primary Funding Sources	federal, state, and Tribal	federal, state, local	federal
Type of Primary Agency	Tribal organization	collaborative of public sector agencies with no lead	Community Action Agency
Approximate Number of Clients Served Annually	3,000	100,000	70,000

B.   Methods

Site selection. The VOCS site selection process was a collaborative effort between OPRE and the study team. To start, we developed a set of characteristics to consider and gathered high-level information on CCRCs to ensure we could identify three CCRCs that were diverse along several dimensions. Characteristics reviewed include primary service domain or type; degree and type of

centralization (to the extent understanding was possible before the visit); population type (urban, suburban, or rural); range of services provided; ACF program or programs offered; site history and tenure; use of virtual services and applications; use of innovative practices (based on information from recommenders); geographic region; client demographics; and CCRC size.

We then solicited suggestions for sites from the study's panel of experts and interested individuals (see Chapter 1 for the description of this engagement), ACF staff, and colleagues at MEF Associates and Mathematica. We conducted a high-level scan using internet searches and information shared by the person suggesting the site. Based on this information, in collaboration with OPRE, we selected 14 sites to review in more depth. We selected these 14 sites for diversity in region and geography, ACF programs offered, our understanding of how services were centralized, client populations served, virtual services, and type of agency we identified as the "lead" or "primary" agency. This review included a more comprehensive review of materials such as reports. For a subset of sites where we had specific questions that we were unable to answer through existing materials, we scheduled calls. With OPRE, we then selected three CCRCs to visit that would maximize diversity in characteristics.

Qualitative data collection with selected sites. The study team collected qualitative data at the three selected CCRCs during site visits that took place in March and April 2022. Two site visitors from the study team spent two or three days at each CCRC to collect data. Before each visit, the site visitors held calls with the leadership of each CCRC to collaboratively develop a site visit schedule that ensured as complete a picture of the CCRC's operations as possible.

Data collection instruments. The data collection consisted of semi-structured interviews with program leadership, staff, and partners; focus groups with clients;[3] and observations of partner meetings and physical space, including lobbies and general office layouts. The topics in the instruments were aligned with the study's research questions, described in Chapter 1.

There were four interview guides: one each for leadership, frontline staff, data and information technology staff, and finance staff. These guides focused on the client flow and services provided; staff experience of centralization; perceptions of the challenges, benefits, and costs of centralization; partnerships; and history of and motivation for centralization; as well as on context on the community and clients the CCRC served. To engage clients, we used a focus group guide that included questions related to clients' experience receiving services at the CCRC, including what they liked about receiving services at the CCRC, what they thought could be improved, whether they faced barriers in receiving services from different programs. Before the visit, site visitors tailored protocols to each specific CCRC, including using relevant language and adapting questions based on the CCRC structure. The observation guides included prompts for documenting the lobby or entry space, such as how the space was set up and whether staff were there to greet clients. The guides also included prompts for describing interactions, such as how staff present information on services to clients and how partners interact with each other during meetings.

We customized the structure of each site visit based on the organizational structure of the CCRC. Exhibit 2 summarizes each visit.

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[3] CCRC staff recruited individuals receiving services from the site for focus groups.

Exhibit 2. Summary of Interviews and Focus Groups by CCRC

	Blackfeet Manpower	Neighborhood Place	Wayne Metro
Number of Interviews*	17	8	11
Types of Respondents**	leadership frontline staff finance staff data staff training providers clients	leadership frontline staff data staff Community Council members Clients	leadership frontline staff finance staff data staff funder clients

*The study team collaborated with CCRC leadership to determine the number of interviews needed to understand the range of services provided.

**The study team conducted one-on-one or group interviews with staff and focus groups with clients.

Each focus group included five to seven clients of the CCRC. About two-thirds of the focus group participants identified as female, and almost one-half of the participants identified as Black or African American, followed by approximately two-fifths as American Indian or Alaska Native. About one-third of the focus group participants had begun receiving services within the last year, approximately one-half started receiving services between one and five years prior, and the remainder had been receiving services for longer than five years.

Data analysis. Following the site visits, we organized the interview and focus group notes for analysis. The site visitors identified relevant excerpts from the interviews, categorized them based on specific themes aligned with the research questions, and reviewed the interviews for new emerging themes. For the focus groups, the team analyzed transcripts. Because focus groups elicited perceptions and experiences of clients, we focused on allowing themes to emerge rather than organizing by predetermined themes. Following this process, the site visitors reviewed excerpts and engaged the broader team in discussions of emerging themes and findings.

Chapter 4: Blackfeet Manpower One-Stop Center Site Brief

A.   General Information and Introduction

In Northern Montana, just east of what is now Glacier National Park, is the headquarters of the Blackfeet Tribe ("the Tribe") in Browning, Montana. This town, the headquarters of the sprawling Blackfeet Reservation, is the center of social services for residents of the reservation, nearly all of whom are members of the Blackfeet Tribe.

For more than 50 years, Browning residents have been coming to Blackfeet Manpower for a range of social services and programs. When it was established by a resolution passed by the Blackfeet Tribal Council in 1964 (and started operations in 1965), Blackfeet Manpower was housed in one building offering just a handful of services. It has since grown to become a state-certified One-Stop Center[4] with more than 15 services and 70

GEOGRAPHIC SERVICE AREA

Blackfeet Indian Reservation

Main office: Browning, Montana
Satellite offices: Heart Butte and Seville

ABOUT THE SITE

Type of site: Tribal Organization

Key Partners: Office of Child Support Blackfeet Housing

Primary Funding Source: Federal funding through Public Law 102-477

Size: 70 employees About 3,000 clients served per year

full-time employees in 2022 (at the time of this writing), with plans to continue growing and expanding to meet existing and emerging needs among the Blackfeet Tribe. Although Blackfeet

Pictured: Blackfeet Manpower's main campus

Manpower's service array has grown in recent years, the Tribe has long organized to deliver services in this way. Tribes and reservations often encompass large service areas but have limited resources to operate across that geography. As such, centralizing services in one location has been a necessity for Tribes and social services organizations serving Tribal members.

In the 57 years it has been operating, Blackfeet Manpower has grown in both size and scope because of expanded funding and growing demand and has increasingly centralized its service delivery because of a federal policy allowing operational changes to how Blackfeet

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[4] Blackfeet Manpower is designated a One-Stop Center by the state of Montana, which allows the organization to participate in broader Community Management Team meetings with service providers across the state to discuss the best ways to provide services to their communities. Organizations must meet certain state requirements to be designated a One-Stop Center, including providing a range of employment, training, and career education services and connecting with certain partners to support these efforts. Blackfeet Manpower is the only Native American Tribal organization with this designation.

Manpower allocates and tracks its annual budgets. The rest of this chapter outlines the policy, structures, and service delivery of Blackfeet Manpower, focusing on how the centralization of services affects how Blackfeet Manpower provides services to the Blackfeet Tribe and surrounding communities.

B.   Clients and Community Served

Browning, Montana, a small, rural town of around 1,000 residents,[5] is the most densely populated area on the Blackfeet Reservation. In addition to Blackfeet Manpower, other key social service programs in Browning include health care services, a State Department of Public Health and Human Services office (offering State TANF, SNAP, and Medicaid), a homeless shelter, and additional Tribal services, including a housing authority and a child support office. Browning is also home to community institutions, including Blackfeet Community College, serving Browning and surrounding communities. Additionally, the Blackfeet Tribal Council, which is the governing body of the Blackfeet Tribe and oversees resources, programs, services, and tribal land management, operates in Browning.

The town of Browning covers less than one-half square mile, but the Blackfeet Reservation covers 1.5 million acres (more than 2,000 square miles). With more than 17,000 enrolled members[6, 7], about one-half of whom live on the reservation[8], the Blackfeet Tribe is the largest Native American Tribe in Montana (by enrolled members) and one of the 10 largest Tribes in the United States.[9]

GEOGRAPHY

Browning is in northwest Montana, fewer than 50 miles south of the Canadian border and about 15 miles east of Glacier National Park. About two hours' drive from the closest airport, Browning is geographically separated from larger cities in Montana.

The lands of the Blackfeet Tribe once ranged from southern Canada all the way through southern Montana.[10] After various bad-faith treaties and negotiations with the U.S. federal government, described in Box 7, the Tribe's land was reduced to its current area, shown in Exhibit 3.

Given the rural setting of Browning and the reservation, along with the inclemency of the weather, job opportunities are often temporary and seasonal when Glacier National Park is open in the summer for

Exhibit 3: Map of Montana's Tribal Reservations and Counties

Source: Montana Governor's Office of Indian Affairs

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[5] "Browning town, Montana." United States Census Bureau. 2020 American Community Survey 5-Year Estimates. https://data.census.gov/cedsci/profile?g=1600000US3010375

[6] Blackfeet Nation. "Home." Blackfeet Nation. https://blackfeetnation.com/

[7] To be an enrolled member of the Blackfeet Tribe, an individual must have at least one-quarter direct lineage to a Blackfeet member. Family members with less than one-quarter Blackfeet lineage are "descendants." They might have lineage from multiple Tribes or are a generation removed from direct lineage.

[8] Governor's Office of Indian Affairs. "Blackfeet." Office of the Governor. https://tribalnations.mt.gov/blackfeet

[9] Blackfeet Nation. "Home." Blackfeet Nation. https://blackfeetnation.com/

[10] Britannica, T. Editors of Encyclopaedia (2021, February 28). Blackfoot. Encyclopedia Britannica. https://www.britannica.com/topic/Blackfoot-people

tourists. The winters are long—sometimes Browning sees its first snow in September—and can last through May.

> ## Box 7. A Brief History of Government Interference with the Blackfeet Tribe
>
> The present-day Blackfeet Reservation is much smaller than the lands the Blackfeet historically had occupied and maintained. The U.S. federal government took the lands of the Blackfeet people and authorized hunting practices that decimated their food sources and land resources, resulting in the death and emaciation of a significant percentage of the Blackfeet population.
>
> - 1855: The U.S. federal government and the Blackfeet Tribe signed the Lame Bull Treaty guaranteeing the Blackfeet a large part of Montana east of the Northern Rocky Mountains, establishing the reservation. The treaty also guaranteed the Tribe annual rations in exchange for allowing non-Tribal members and settlers to travel through the land.
> - 1830–1870s: The federal government authorized efforts to hunt bison, a highly revered and respected animal in Blackfeet culture that also was a major food source.
> - 1883–1884: Called "Starvation Winter," between 600 and 700 Blackfeet died following the eradication of the bison and the delays and failures of the federal government to provide the rations.
> - 1888: In the Sweet Grass Hills Treaty, the Blackfeet sold part of their lands to the federal government, leaving them their current reservation and the lands in current-day eastern Glacier National Park.
> - 1896: Strapped for resources after the federal government–authorized hunting of bison on their own lands, the Blackfeet had to sell more of their lands (the "ceded strip") to the federal government. They offered 800,000 acres of their lands (what is now current day eastern Glacier National Park and part of the Lewis and Clark National Forest) for $3 million (1896 dollars), but the government would buy it for only $1.5 million. This sale included the clause that the Blackfeet could continue to hunt, fish, and engage in traditional practices on the land they sold.
> - 1910: Glacier National Park was established.
> - 1932: A U.S. District Court said the Tribe's land use privileges were null following the designation of the national park.
> - 1973: A judge granted Blackfeet members free admission to Glacier National Park.
>
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POPULATION SERVED

The majority of Blackfeet Manpower's clients are enrolled members of the Blackfeet Tribe, largely due to the organization's mission to serve Blackfeet members and its location on the reservation. Additionally, funding for some services requires those funds to be spent on services for Tribal

members. However, some services are available to non-enrolled members, who often are descendants of enrolled Tribal members.

On average, Blackfeet Manpower serves about 715 clients each month. Over the course of a year, the organization estimates an unduplicated service count of 3,350 clients. Staff say the majority of Blackfeet Manpower clients are women, who in Blackfeet culture are often the ones representing their families.

Shared Tribal cultural roots are a source of strength and pride in this community; clients and staff alike have strong ties to their Blackfeet culture, and staff said this emphasis on culture is a source of strength for their clients. Cultural ties play out in the types of services Blackfeet Manpower offers, too, including family strengthening activities and employment opportunities to help with community cultural events such as pow wows and heritage days.

Blackfeet culture reveres a multigenerational family structure. Grandparents often help care for (or entirely care for) grandchildren. Because many households are multigenerational, so tends to be benefits receipt and engagement with Blackfeet Manpower.

Although these family structures are partly rooted in culture, they are also sometimes the result of challenging individual circumstances for a parent. In such cases, an aunt or grandparent (staff and participants said it almost always is the women in the family) may step in to help with child rearing. Common barriers that present such circumstances in the community include lack of child care, transportation,

> "
> I grew up knowing [Blackfeet Manpower] was here. Then I applied when I needed it.
>
> - Client

and housing and challenges with alcohol use. Staff said drug use is increasingly becoming a challenge among clients, as well. These barriers can also interact in a way that clients said makes engaging in services or employment challenging. A client mentioned that parents do not want to leave their child with a partner or family member if there is known substance use. Another client mentioned that even if they can enroll their child in child care, a significant amount of their earnings goes toward paying for that child care. Clients noted these infrastructural and systemic challenges—lacking available transportation and child care in the community—as the main barriers to accessing services at Blackfeet Manpower.

Further, when extended family members care for children, they often do so without additional or adequate resources. For example, to receive TANF benefits, family caregivers must engage their family members with the Tribe's child support system. Staff said family members are often unwilling to do so, which means they take on the financial responsibility of caring for the child themselves.

> "
> We can't expect people to succeed if there are barriers and walls, so we take those barriers down.
>
> - Staff member

CONNECTIONS TO THE COMMUNITY

Blackfeet Manpower is a known organization in the community. Clients said they grew up hearing about Blackfeet Manpower, or they heard about the organization through word-of-mouth because of its reach in the community.

Further, Blackfeet Manpower emphasizes providing services rooted in Blackfeet culture. For instance, it offers parenting and teen pregnancy support and prevention using curricula specific to

> **"** When they come to us, we are them. We come from the same people. It is easier for them to open up with us and move forward.
>
> - Staff member **"**

Blackfeet culture. In addition, staff and clients share both cultural identities and lived experiences engaging with Blackfeet Manpower services; many staff administering and overseeing these services are members of the Blackfeet Tribe, and many were previously Blackfeet Manpower clients. One client mentioned how this shared experience and cultural identity means staff might better understand their circumstances than someone at another office.

C. Services and Centralization

Blackfeet Manpower's service delivery structure is informed by the organization's funding streams.

FUNDING

Blackfeet Manpower receives four main types of funding, detailed below and outlined in Box 8.

Public Law 102-477 ("477"). Public Law 102-477 allows Tribes to consolidate employment and training-related funding they receive from various federal agencies into one plan. Those funds are then distributed and administered by the Bureau of Indian Affairs (BIA). So, although Blackfeet Manpower receives funding from multiple federal agencies—including the Department of Labor, the Department of Health and Human Services, the Department of the Interior, and BIA—the organization receives one consolidated grant from BIA with one reporting system.

Until 2017, Blackfeet Manpower had to track funding separately by source even though the funds were administered through a single 477 grant. However, in 2017, Public Law 115-93 amended the 477 law to allow Tribes to fully blend 477 funding into just one budget for planning and reporting purposes. This policy change means Blackfeet Manpower does not have to track the various funding streams separately; instead, the budget is one lump sum.[11] The blended budget supported Blackfeet Manpower's ability to fully centralize funding for this group of services.

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Box 8. Blackfeet Manpower Funding Sources

477 Funding

- Child Care Development Fund
- Community Services Block Grant
- General Assistance
- Native Employment Works
- Tribal TANF
- Workforce Innovation Opportunities Act

Other Federal Funding

- Vocational Rehabilitation grant from the U.S. Department of Education
- U.S. Department of Health and Human Services Administration for Children and Families grants
- American Rescue Plan Act of 2021

State Funding

- Medicaid
- Tribal-State Work Activity Program

Tribal Funding

- Tribal funding for veterans' services

</div>

This blended funding structure also gives Blackfeet Manpower flexibility in administering programs and reduces its reporting burden. Although each service is still distinct and has its own budget, if

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[11] Tribes submit 477 budgets as three-year plans. The 477 funds are distributed throughout the year, not as one lump sum.

one 477 program has a shortfall, Blackfeet Manpower can easily reallocate funds and fill that gap with funds from another 477 program.[12] Such programs account for about 75 percent of Blackfeet Manpower's budget.

Blackfeet Manpower uses other federal, state, and Tribal funding sources, as well, listed in Box 8. Although 477 funding is blended by law, Blackfeet Manpower separately tracks the rest of its funding. All budgets and proposals are created in collaboration with the Tribal Council, and all funding flows through the Tribe's finance department.

SERVICES

Blackfeet Manpower's overarching mission is to help clients become financially stable through employment and education rooted in culture and cultural activities. Blackfeet Manpower's services seek to remove barriers (described in the Population Served subsection above) and to support family strengthening, which staff said is central to stability in Native culture.

Blackfeet Manpower is intentional about calling each of its offerings a "service" instead of a "program," to indicate that all services are interconnected instead of being siloed by different funding sources or staff. Blackfeet Manpower's services fall into two categories based on funding streams: 477 services, described above, and other services. Combined, these services cover cash assistance, employment and training, job placement, and supportive services, as listed in Box 9. The services designated with an asterisk in Box 9 and described below are specifically geared to Blackfeet Manpower's Native clients and are rooted in Native culture.

Tribal TANF. Clients must be enrolled members of the Blackfeet Tribe to be eligible for Blackfeet Tribal TANF. According to staff, Tribal TANF is the most common service clients receive at Blackfeet Manpower.

Fatherhood/Motherhood is Sacred[13]. This service is a Native-based, family-strengthening and healthy relationships curriculum, comprising 12 to 14 sessions about topics related to parenting rooted in Native culture, such as character and integrity, parents as leaders, and self-identity and pride in the clients' Blackfeet roots. Clients engaging in job readiness trainings also attend Fatherhood/Motherhood is Sacred classes.

> ### Box 9. Blackfeet Manpower Services
>
> #### 477 Services
>
> - Tribal TANF*
> - General Assistance
> - Child care
> - Family strengthening classes*
> - Adult education
> - Job readiness training
> - Job placement*
> - Community work experience*
> - Supportive services
>
> #### Other Services
>
> - Case management for State TANF clients
> - Medicaid eligibility
> - Vocational rehabilitation
> - Teen pregnancy support and prevention classes*
> - Veterans' services

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[12] The 477 plans received additional funding allocated by the American Rescue Plan Act of 2021 to use at their discretion.

[13] For more information on the curriculum, visit https://www.nativeamericanfathers.org/fatherhood-and-motherhood-is-sacred.

Employment and training. Blackfeet Manpower offers an array of services to help clients find jobs, including using funding from Native Employment Works (a federal program supporting work-related activities for Native American service populations) and WIOA to support education, training, and employment activities. Such activities could include general education development (GED) support, remedial, vocational, post-secondary, and alternative education; job skills and job readiness training; and job placement, community work experience, and community service programs. Staff place clients in jobs around the reservation and within Blackfeet Manpower, such as on the campgrounds that Blackfeet Manpower manages and at the Medicine Bear Shelter for the homeless.

Pictured: Native art displayed in Blackfeet Manpower's training space

Teen pregnancy support and prevention. Blackfeet Manpower received a five-year grant from ACF to develop and implement a teen pregnancy support and prevention curriculum in the schools in Browning and neighboring communities where Tribal youth live. The demonstration aims to identify or modify an existing curriculum to facilitate conversations rooted in Blackfeet culture around preventing unwanted teen pregnancy. The curriculum will include topics such as healthy relationships, sexual development, and healthy life skills. Each school district will develop its own implementation plan, the goal being to empower school districts to serve students in a "Blackfeet-specific" way.

SERVICE DELIVERY

Blackfeet Manpower provides services to clients directly, and the physical location and layout of the organization is key to the centralization of these services. Blackfeet Manpower has been intentional in developing a physical layout that makes accessing the services they need most easy for clients.

Physical Space

The Blackfeet Manpower "campus" consists of three adjacent buildings that cover about half a town block. Blackfeet Manpower provides additional off-site services and has satellite campuses in neighboring communities on the reservation.

> "
> If we didn't have Manpower, we wouldn't have the services we have.
>
> - Client
> "

The main campus includes the following buildings and services.

- The **client services building** houses most client-facing program staff, including receptionists, eligibility workers, case managers, and trainers. The building also has a computer lab for client use.
- **Veterans Alliance and client services extension** houses the Veterans Alliance (Blackfeet Manpower's veterans services), Vocational Rehabilitation, the campgrounds staff, and adult education program services. The Veterans Alliance space includes a lounge with a big screen TV where veterans can spend downtime.
- The **administration and training building** is the administrative headquarters of Blackfeet Manpower. Organizational leadership offices are in this building, including for the director,

the deputy director, and finance and human resources staff. This building also has a large conference or seminar room that staff use for client trainings.

Off-campus services. A handful of Blackfeet Manpower services and partner organizations are located off-campus but still within a few blocks of the three main buildings. For example, Medicaid eligibility staff (who are employees of Blackfeet Manpower) are located in an office next to a health clinic.[14] Blackfeet Manpower's partners Medicine Bear Shelter for the homeless and the Blackfeet Child Support Enforcement Program are also nearby but not co-located at Blackfeet Manpower.[15]

Satellite offices. Given the expansiveness of the Blackfeet Reservation, Blackfeet Manpower operates two satellite campuses serving neighboring communities in Heart Butte and Seville, with plans to open a third satellite campus in Starr School. These offices serve Tribal members who live outside the main town of Browning. The satellite offices offer the same services that the main campus offers.

Client Flow

Client engagement with Blackfeet Manpower can begin with a referral to a service (referral sources discussed below), or a potential client may come looking for a particular service. Exhibit 4 shows how clients access Blackfeet Manpower services.

Exhibit 4. Blackfeet Manpower Client Flow

Referral sources. Clients can initially connect with Blackfeet Manpower through any of its service offerings. Many clients hear about Blackfeet Manpower by word-of-mouth and by living on or near the Blackfeet Reservation. Though a client may come to inquire about one particular service, staff may identify other needs during intake and connect that client to other services. Additionally, some

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[14] The Medicaid eligibility program is a newer program for Blackfeet Manpower, and office space for it was unavailable within the three main campus buildings.

[15] The Child Support Enforcement Program used to be part of Blackfeet Manpower, but the two have since separated and are now working together under a memorandum of understanding.

clients are referred to Blackfeet Manpower from other service providers. For example, the Child Support Enforcement Program operates with a memorandum of understanding (MOU) with Blackfeet Manpower that requires child support staff to refer clients to Blackfeet Manpower if they are not already engaging in services.

Blackfeet Manpower also conducts community outreach, highlighting its available services in the newspaper and on the radio and social media (e.g., Facebook).

Application and receptionist intake. On arriving at Blackfeet Manpower for the first time, a client fills out a universal application and hands it to a receptionist. The universal application collects identification and demographic information, and clients can identify services that interest them.

Receptionists help clients identify needed documentation for eligibility determination for various services, such as identification, Tribal enrollment verification, and Social Security card. Once the client has all the necessary documentation, the receptionist makes an appointment with a case manager from the desired service within two days. Another receptionist is responsible for scanning all the application and eligibility documents into a document management software (for the eligibility determination, described below) and entering client information into a separate case management data system.

The universal application, which Blackfeet Manpower launched in March 2022, is also online, so clients can electronically complete and send the form to the receptionist.

Eligibility, intake, and self-sufficiency plan. Because each service has its own eligibility requirements, each service also has its own eligibility workers and case managers who evaluate a client's eligibility for that service. Eligibility workers and case managers review the application and eligibility documentation with a client to identify needs and start developing a self-sufficiency plan. Clients receiving multiple services provide documentation only once, at their initial intake appointment. Staff from multiple services use that same documentation to determine their particular service eligibility.

Referrals to other services. The case manager serves as the lead point-of-contact for a client, and, based on needs identified in the self-sufficiency plan, the case manager uses the data system to make internal referrals to other services at Blackfeet Manpower.[16] Clients sign release forms as part of their service intake, which allows other service staff to contact them directly and set up an appointment. Although these referrals historically have been done in-person, as the organization grows, staff are using electronic referrals to find efficiencies in this process.

Transition to universal case management. At the time of our visit (April 2022), Blackfeet Manpower was in the middle of transitioning to a universal case management service approach where all case managers and eligibility workers would be cross-trained in all 477 services. This universal approach means that any client could work with any case manager, instead of being connected to a specific case manager based on service need.

In addition to having a broader array of staff to serve clients, the universal case management approach will also distribute caseloads more evenly across case workers. Before universal case management, case workers in different services had drastically different caseloads. Now, clients can be assigned on a rotating basis among all the caseworkers, evening out caseloads.

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[16] Vocational Rehabilitation staff do not yet have access to the data system. Additionally, Child Support Enforcement Program staff have "read-only" permissions, so they are unable to update information themselves.

Frequency and length of services. Most clients receive ongoing case management while receiving services from Blackfeet Manpower. Some programs, such as Tribal or State TANF or General Assistance, require at least monthly contact with case managers because clients are required to submit timesheets for work activities at the beginning of each month. Clients also meet with case managers every few months, depending on the program, to review progress toward goals and revisit their service plan.

The length of time a typical client receives services from Blackfeet Manpower varies and is often cyclical, given that work opportunities in and around Browning tend to be seasonal and temporary, or what Blackfeet Manpower calls "spot jobs."[17] Moving into spring and summer, clients have opportunities to engage in work on the campgrounds or the various summer festivals hosted by the Tribe. However, those opportunities depend on the season and the weather, and service engagement and benefits receipt tend to increase again during the winter months.

At the start of the COVID-19 pandemic, Blackfeet Manpower adjusted service delivery from the in-person processes described previously to the remote environment described in Box 10. Clients began submitting applications via a drop box, and staff conducted appointments over the phone. However, at the time of data collection for this study, most processes were returning to in-person as they had been before the pandemic.

Box 10. Service Adaptations during the COVID-19 Pandemic

Like many other service providers, Blackfeet Manpower had to quickly adapt and adjust to working and providing services in a remote environment during the COVID-19 pandemic. Tribal offices closed, including the Blackfeet Manpower office, so clients could not engage with staff in-person.

At the start of the pandemic, clients could still drop off application forms at the office. Blackfeet Manpower set up a drop box outside the front door of the client services building into which clients could drop their forms. Receptionists waited 24 hours before collecting the forms, as an extra safety precaution, and then proceeded with processing and filing as normal. Eligibility workers engaged with clients on the phone.

Case managers received laptops from the organization to work with clients remotely. Since benefits programs suspended their job search requirements, case managers were in contact with clients less often than they had been previously. However, they still communicated with clients via phone or virtual platforms to check in and provide supportive services whenever possible.

Additionally, some services, including Fatherhood/Motherhood is Sacred and driver's license training, provided virtual trainings. Other trainings, such as CPR, or inspections for child care providers were paused because they required in-person instruction and interaction.

Staffing

At the time of the visit, Blackfeet Manpower was in the process of transitioning its staffing structure. In the previous structure, administrators of each service oversaw the implementation and delivery of their specific service. Frontline staff—including eligibility workers and case managers—also worked under specific programs. Under the new structure, frontline staff can work with clients across services. Staff roles include the following.

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[17] In fact, clients typically continue to receive General Assistance (cash assistance to meet basic needs) even while they are working these spot jobs because they are temporary. General Assistance is another of the most common services Blackfeet Manpower clients use.

Tribal Council. The Tribal Council is the governing body of the Blackfeet Tribe. Members are elected to serve a four-year term. The Council has the final say in all decisions about funding and service delivery at Blackfeet Manpower. Not only does the Council approve all of Blackfeet Manpower's proposals and budgets, it also identifies community needs and sometimes requests Blackfeet Manpower take on additional projects and services. For example, the Tribal Council asked Blackfeet Manpower to manage the campgrounds as a new service area.

Director. The director oversees all of Blackfeet Manpower's services, supports staff and professional development efforts, and seeks opportunities for the organization to grow and expand.

Deputy director. In addition to supporting the director, the deputy director works with human resources to oversee and manage staffing.

Finance staff. A team of three finance staff manages federal and state grants, oversees revenue and expenses for specific services, and processes payments.

Administrators. Each service at Blackfeet Manpower has an administrator who oversees that service's implementation and delivery, including supervising case managers and eligibility workers. Administrators meet weekly for Administrative Committee meetings to provide updates on their services and to make broader decisions for Blackfeet Manpower as an organization.

Frontline staff. Receptionists, eligibility workers, and case managers work directly with clients, determining eligibility and providing direct services.

Changes to the Staffing Model

At the time of the site visit, service staff were service specific. For example, a Tribal TANF case manager would handle eligibility and case management only for Tribal TANF services for a client.

However, Blackfeet Manpower was in the middle of transitioning its staffing and service model to universal case management, whereby any eligibility worker can assess eligibility for any 477 service and State TANF (for individuals not enrolled in the Blackfeet Tribe), and any case manager can provide case management services across programs. When staff are trained in multiple services, leadership expect that they will serve clients more efficiently without the client's having to go to multiple staff members to access all the services they want or need. Clients also mentioned that even though staff communicated and worked together across services, they still sometimes had to provide the same documentation multiple times.

Every summer, Blackfeet Manpower holds all-staff cross-trainings where each service team presents to all staff their services, eligibility process, client flow, and the way they partner with other departments. These mandatory trainings provide insight into all service offerings at Blackfeet Manpower, so case managers know where they might refer their clients. Tribal Council members also attend these trainings. Now that Blackfeet Manpower is restructuring to provide universal case management, the organization has held more specific cross-trainings, so all frontline staff become well versed to work with a client across services.

PARTNERSHIPS

Blackfeet Manpower provides the majority of its services directly. However, the organization does partner with other agencies operated by the Blackfeet Tribe to provide comprehensive services to clients. Additionally, other community organizations refer clients to Blackfeet Manpower.

Other Tribal agencies. As a main services provider for the Blackfeet Tribe, Blackfeet Manpower works closely with other agencies that fall under Tribal organization, such as Blackfeet Housing and the Child Support Enforcement Program. These partnerships are generally formalized with an MOU

outlining which organizations are responsible for which parts of the service delivery. For example, Blackfeet Manpower and Blackfeet Housing—the designated housing entity for the Blackfeet Tribe[18] —partnered on a special project using COVID-19 relief funding. The two agencies signed an MOU whereby Blackfeet Manpower can pay its clients seeking employment opportunities who are also renting through Blackfeet Housing to do construction and landscaping work on their rental units. Blackfeet Manpower pays them, the clients gain experience and earn money, and Blackfeet Housing gives clients credits for their hours worked to go toward any arrears.

Community Management Team. Every month, a group of leaders and staff from service providers in neighboring communities gather and share updates about their own services. These Community Management Team meetings serve as a way to learn about employment and training opportunities for clients, sharing strategies for working with employers on behalf of clients, and other general approaches and conversations around service delivery.

Other partnerships. Specific services within Blackfeet Manpower also have their own partnerships with other organizations. For instance, the Veterans Alliance partners with other organizations in the community also serving veterans. One such partnership is with the neighboring Great Plains Veterans Services Center[19] to provide transportation for veterans to various appointments.

DATA SHARING

Blackfeet Manpower uses one shared data system for all its services, though each service has its own module within the system. Staff can view modules from other services as needed, but they keep separate service records for clients.

Shared data system. The primary data system supports eligibility determination, referrals, case management, training records, and payment processing. Staff use this system to document each step of client engagement with Blackfeet Manpower.

Staff can edit data only within their own modules; for example, a State TANF case manager can edit client information only as it relates to the TANF engagement. However, that case manager could see how that client is engaging with child care, for example. Additionally, receptionists and partners from the Child Support Enforcement Program have only read-only access to data. If staff responsibilities change over time, the data system administrator can adjust their access to different modules.

The data system is maintained by a third-party organization which facilitates system updates, creates new reports, and trains staff on using the system. Data managers at Blackfeet Manpower can make changes to staff access as needed.

Other data systems. Blackfeet Manpower uses the state data system for Medicaid eligibility, as required by the state.[20]

D.   Reflections on Centralization of Services

The centralization of Blackfeet Manpower's services is partly a function of specific community circumstances and service needs and the policies related to funding.

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[18] Blackfeet Tribe. "About Us." Blackfeet Housing. https://blackfeethousing.org/aboutus.html

[19] Great Plains Veterans Services Center was previously Rocky Boy Veterans Center. "Rocky Boy's" is the name of the reservation for the neighboring Chippewa Cree Tribe.

[20] Blackfeet Manpower helps determine Medicaid eligibility for clients and submits applications, but the state still provides Medicaid.

BENEFITS OF CENTRALIZING SERVICES

Staff said Tribes have long centralized services for clients out of necessity—reservations are geographically expansive, and clients may face barriers to accessing services, including challenges with transportation or connectivity for virtual services. Blackfeet Manpower has grown in size and scope over time, a testament to staff and community belief in the benefits of providing services in this model.

Staff and clients at Blackfeet Manpower feel that centralization of services better serves clients in the following ways.

- **Ease of accessing services.** Offering multiple services in one place, especially for clientele who often are interested in receiving multiple benefits, helps expedite the process of accessing those services. Most clients seeking services from Blackfeet Manpower walk there. Centralization is critical for minimizing the effects of these individuals' limited transportation options.
- **Raising awareness of available services.** Having different services in one location can alert clients to other services they did not previously know were available. Although clients often know which service interests them when they first come to Blackfeet Manpower, they do not know, until they arrive, about the full array of services offered by the organization. Clients also mentioned how staff work together and communicate to help clients quickly and easily access various services.
- **Staff support.** Staff mentioned the support they receive from, and provide to, one another because they all work in the same building. Case managers across services can ask questions or can provide more information on their service offerings to better understand various ways to serve clients. Staff can break out of individual services and get to know other programs.
- **Flexible funding.** The blended 477 funds, which account for most of Blackfeet Manpower's funding, and Blackfeet Manpower's discretion over how to use those funds allows the organization to spend more time on planning and delivering services instead of maintaining individual service budgets. The ability to easily reallocate 477 funds from one service to another allows the organization to be nimble and responsive to client needs.

CHALLENGES OF CENTRALIZING SERVICES

Conversely, staff identified the lack of available space as the main challenge of providing centralized services.

- **Space limitations.** As Blackfeet Manpower grows in scope and size, the current campus does not have enough space to accommodate additional staff or service offerings. Limited real estate in the area means limited options for expansion into new buildings. The organization wants to expand and provide additional services but first has to secure funding and a physical space to grow.

LESSONS LEARNED AND PLANS FOR THE FUTURE REGARDING CENTRALIZED SERVICES

Blackfeet Manpower has provided centralized services since its inception, and its leaders regularly reflect on the growth of the organization and how to adapt moving forward.

Clients and staff alike offered key takeaways related to Blackfeet Manpower's service delivery.

Client-staff relationships. Clients highlighted the importance of developing a trusting relationship with their case manager and all other staff at Blackfeet Manpower. A strong relationship allows them to feel comfortable asking questions and receiving services. Additionally, clients mentioned that their

shared lived experiences with staff—many of whom previously were Blackfeet Manpower clients themselves—provides a strong foundation for developing such a relationship.

Staff communication. One pillar of centralization is communicating among one another at all levels about services and delivery updates. Staff members must know about the other available services provided at the organization so they can make all the appropriate referrals to best serve clients. Ongoing cross-training is a valuable way to ensure this breadth of knowledge.

Ultimately, Blackfeet Manpower wants to expand and add additional services for clients, though it faces constraints in terms of physical space. Leadership meet with potential partners in the community and seeks additional funding opportunities to expand Blackfeet Manpower's portfolio of services, and the Tribal Council is identifying additional service areas for the organization to incorporate into its offerings. For example, Blackfeet Manpower recently created a tourism department, which will provide additional employment opportunities for clients and advance its mission to serve the community and celebrate Blackfeet culture.

Chapter 5: Neighborhood Place Site Brief

A.   General Information and Introduction

In the early 1990s, schools in Jefferson County, Kentucky, were experiencing high levels of truancy and high dropout rates. The public school system began to shift toward a school-linked services model to connect students and their families with resources. The Kentucky Education Reform Act, passed in 1990, created Family Resource and Youth Service Centers to help students and their families navigate available health and social services. Building on these efforts outside the school system, a group of leaders from the school system and other social service agencies in Louisville envisioned a new model to promote deeper collaboration and communication, which eventually led to the creation of Neighborhood Place.

Neighborhood Place is a partnership of the Louisville Metro Government,

GEOGRAPHIC SERVICE AREA

Jefferson County, Kentucky

Seven locations, primarily in the city of Louisville

ABOUT THE SITE

Type of site: Collaborative of public-sector agencies

Key Partners:
Louisville Metro Government
Jefferson County Public Schools
Kentucky Department for Community Based Services
Seven Counties Services, Inc.

Primary Funding Source: Various. Each partner agency contributes

Size:
20-45 employees per location
About 100,000 clients served per year

Jefferson County Public Schools (JCPS), the Kentucky Department for Community Based Services (DCBS), and Seven Counties Services, a nonprofit mental health provider. Neighborhood Place locations across Jefferson County function as the "front door" for the four partner agencies, meaning their client-facing services are delivered at Neighborhood Place locations. Direct service staff from the four partner agencies are co-located at each Neighborhood Place building to serve residents of that particular neighborhood. The Family Resource and Youth Service Centers are now one of the main referral sources of families in the school system to Neighborhood Place.

The first Neighborhood Place location opened in 1993 and other locations followed. Neighborhood Places are located in areas of concentrated poverty, as measured by the number of children who receive free and reduced price lunch in a specific neighborhood, and situated in or near schools. At the time of the study team's visit in March 2022, there were seven Neighborhood Place locations with an eighth planned to open shortly thereafter. Collectively, the locations serve many communities within Jefferson County, and each location adapts to meet the needs of the individuals in that community.
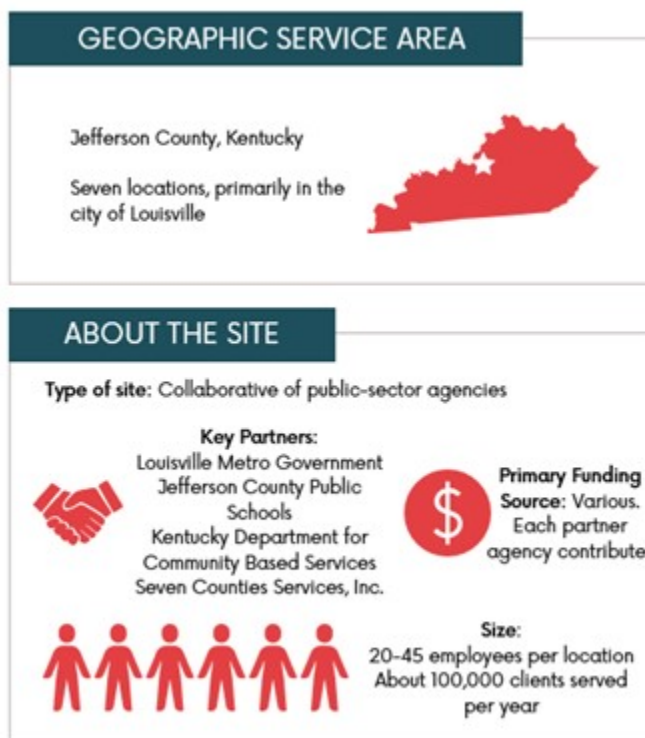
Pictured: Neighborhood Place Northwest

Neighborhood Place's mission is to provide accessible health, education, employment, and human services that support families in their progress towards self-sufficiency. Partner agencies share a commitment to community engagement and family self-sufficiency. Neighborhood Place's mission has not changed in its nearly 30-year history, and leadership remain committed to the vision of the collaborative. It is intentional about making sure that new staff and elected officials understand the high-level goals.

Each Neighborhood Place location seeks to respond to the needs of its individual community. For example, some Neighborhood Place locations serve an increasingly diverse population with various language needs and, thus, rely on language lines and interpreters to ensure that staff can effectively serve families whose first language is not English.

In addition, every Neighborhood Place has a Community Council, an advisory group made up of community members, such as other service providers, leaders in faith communities, and school board members. Community Council members serve as representatives of the community and advocates for Neighborhood Place. The group of Community Council members understands community needs and strengths and communicates those needs to Neighborhood Place staff. Community Council members also play an important role in outreach, using their networks and connections to promote Neighborhood Place's mission and supporting staff to plan community outreach events.

Pictured: Staff "Vision Board" at a Neighborhood Place

This chapter discusses the communities and population served by Neighborhood Place, the structure of Neighborhood Place's services, and staff and client reflections on the service model.

B.   Clients and Communities Served

Jefferson County has a population of around 780,000, primarily concentrated in the city of Louisville.[21] Exhibit 5 shows a map of the Neighborhood Place locations.

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[21] 2020 Census Bureau Quick Facts for Jefferson County, Kentucky. https://www.census.gov/quickfacts/jeffersoncountykentucky

Exhibit 5. Map of Neighborhood Place Locations
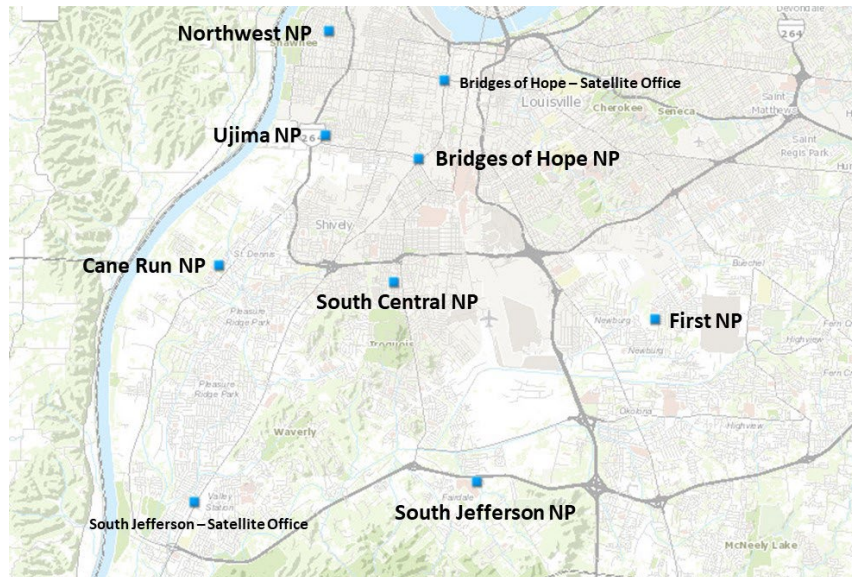
Neighborhood Place locations serve families living in poverty across Jefferson County. The variations between neighborhoods in Jefferson County are rooted in their history, with high levels of poverty in the north and west neighborhoods of Louisville and more affluent communities in the east.

- **West Louisville.** This area of the city has historically been an area of concentrated poverty, with a majority Black population. Along the Ohio River in West Louisville are three Neighborhood Place locations within a few miles of one another (Northwest, Ujima, and Cane Run Neighborhood Places).

- **South and Central Louisville.** Bridges of Hope Neighborhood Place is located near downtown Louisville, South Central Neighborhood Place is directly south, and First Neighborhood Place is southeast of downtown. These locations also serve communities with a high concentration of poverty and many families of color.

- **South Jefferson County.** South Jefferson Neighborhood Place is located in Fairdale, a more rural neighborhood farther outside the city center of Louisville. The South Jefferson community is historically home to majority White, blue-collar workers and their families, but substantial increases in racial and ethnic diversity have resulted from refugee resettlement in recent years.

Neighborhood Place's planned eighth location will open in East Louisville in 2022.

The city of Louisville, while growing in racial diversity over recent years, has long been racially segregated. The city's Black population remains clustered in the western neighborhoods, whereas East Louisville is mostly White. The history of segregation is important context for the Neighborhood Place model because residents are hesitant to leave their neighborhoods for social services. The residents of the West End historically faced discriminatory housing practices and limited access to health and education resources.[22] In the 1990s, Neighborhood Place locations were established throughout the West End in response to the high rates of poverty and lack of resources

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[22] Making Louisville Home for Us All: A 20-Year Action Plan for Fair Housing. Louisville Metro Human Relations Commission and University of Louisville Anne Braden Institute for Social Justice Research. 2013. https://louisville.edu/braden/files/FairHousingReportprinted2013.pdf

in the neighborhoods. In recent years and especially in the wake of the community's racial justice protests after the death of Breonna Taylor, Louisville Metro Government has invested in infrastructure, housing, and economic development in West End neighborhoods.[23]

POPULATION SERVED

The clients that Neighborhood Place serves have a variety of needs and experience systemic challenges, as identified by staff and clients.

- **Transportation is a significant need in the community, and lack of transportation is a significant barrier to receiving services.** The public transportation system in Louisville is limited, so Neighborhood Place ensures its locations are accessible by selecting sites near bus lines and directly in the neighborhoods where potential clients live. Before Neighborhood Place, DCBS and Louisville Metro Government provided services such as food and utility assistance downtown, which can be far from where clients live and challenging to access via public transportation. Staff described difficulty reaching individuals who were eligible for services because many were unable or unwilling to overcome transportation barriers. Clients described the ease in getting to their local Neighborhood Place because they could walk, take a short bus trip, or get a ride from friends and family, who may have been unwilling to drive them downtown.

- **Mental health and substance use challenges are prevalent in the communities served by Neighborhood Place.** Staff noted that families and clients struggle with mental health needs and addiction, fueled by the opioid epidemic. Drug-related overdoses and hospitalizations for substance use disorders increased in Jefferson County and Kentucky as a whole over the period 2016 to 2020.[24]

- **Access to affordable child care is limited and was especially so during the COVID-19 pandemic.** Reflecting nationwide trends, many child care facilities in Jefferson County are especially short-staffed or have closed, including two-thirds of the child care centers in one neighborhood, according to Neighborhood Place staff. Staff shared that having no access to child care may prevent families from getting services they need because bringing their young children to the office can be difficult for clients.

- **Housing instability is prevalent among Neighborhood Place clients.** Staff described how many extended families live together in one shared space, and Neighborhood Place has clients who are experiencing homelessness.

- **The growing immigrant and refugee populations of Jefferson County have also led to a need for translation services to address language barriers between staff and clients.** Though Neighborhood Place has translation and language line services, staff expressed a desire for more comprehensive services or better training in using these services. Greater access to and use of translation services would increase access to needed services for the increasingly diverse families Neighborhood Place is serving.

- **Other client needs include basics, such as utilities, food, and medical assistance.** Staff shared that these basic needs transcend every racial and ethnic demographic and that

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[23] West Louisville Strategies for Success 2021. Louisville Forward. https://louisvilleky.gov/louisville-forward/document/west-louisville-strategies-success-2021

[24] Kentucky Resident Drug Overdose Rates by State and Counties. Kentucky Injury Prevention and Research Center. https://kiprc.uky.edu/programs/overdose-data-action/county-profiles

staff must address those needs before working with clients on other goals, such as employment and training.

Staff shared that one major strength of their clients is the support and solidarity they find in their families and communities. Staff noted that the fact that many of their clients are able to provide for themselves, despite all of the challenges they face, is a testament to their mental strength and resiliency.

CONNECTION TO THE COMMUNITY

The Neighborhood Place model allows for each location to adjust its services based on local needs. Staff describe each Neighborhood Place as having its own "personality" based on the community in which it is located, the connections staff have within the broader community, and the interests and expertise of the staff on site. For example, one location with strong connections to its local schools focuses on a back-to-school event, described in Box 11, whereas another location emphasizes mental health and SUD services because of client needs and the expertise of the management-level staff there.

> " I would say [Neighborhood Place] really holds the community together.
>
> - Client

Neighborhood Place partner agencies aim to hire staff with a connection to the specific neighborhood and to draw on the community expertise of members of the Community Council. Some staff live in the community, and others have connections to service providers in the area. During the hiring process, one partner agency includes questions about a candidate's connections to the community, and it seeks staff who reflect the makeup of the community. The Community Councils also help keep site administrators, who oversee each Neighborhood Place location, informed of the needs they see in their communities and the services that would help address those needs. The ways in which Community Councils collaborate with Neighborhood Place staff to engage with the community are described in Box 11.

> " [The Community Council] can truly be the eyes, ears, and mouth of the community and the Neighborhood Place.
>
> - Community Council Member

To supplement the information from the Council on community needs, Louisville Metro Government's Office of Resilience and Community Services conducts an annual Community Needs Assessment to take stock of the needs and barriers to economic success countywide. The needs assessment incorporates demographic data and labor statistics along with a community survey to gather input directly from residents. Louisville Metro Government encourages staff and clients at Neighborhood Place locations to complete the survey and shares needs assessment results with Neighborhood Place site administrators.

Neighborhood Place holds events intended to create a sense of community and spread the word about Neighborhood Place services and other resources. For example, South Jefferson Neighborhood Place and its Community Council host an annual back-to-school event where families (both those engaged with Neighborhood Place and those who are not) receive resource packets and free backpacks and meet with staff from different agencies and organizations that provide resources. A variety of different city agencies participate, setting up booths as well as activities for children.

One member of the Council shared that *"When we do events like that, it's a Neighborhood Place event. It's not like Jefferson County Public Schools or highlighting a specific agency, it's a partnership community event. It's all the partners that make this event happen, not for one agency, but a shared success. If one [partner] is struggling, then we all chip in to take care of one another. If one of us has a success, we all share in it."*

C.   Services and Centralization

Each Neighborhood Place offers services according to the needs of the community it serves. Examples of these services are listed in Box 12.

SERVICE DELIVERY

Neighborhood Place uses physical co-location, a Release of Information (ROI) form, and warm handoffs to connect clients to services.

Physical Space

The lobby at each Neighborhood Place includes a front desk where clients check in, which is staffed by different agencies in the building. There is a drop box, where clients can return applications for individual benefit programs, and a place to find handouts on services offered at Neighborhood Place and in the community. Because each location has a team onsite to provide child protective services, there is a security guard in the lobby and a visitation space onsite. The configuration of each location is different depending on the building layout, but many have open spaces with cubicles along with offices, meeting rooms, and a food pantry space.

Box 12. Services Provided by Neighborhood Place

- Utility assistance
- Rent assistance
- Food assistance
- Health and nutrition supports for pregnant women and infants
- Home visiting
- School social services and truancy prevention
- Financial assistance for families with low income
- Medicaid and Children's Health Insurance Program eligibility and enrollment
- Child protective services
- Child welfare services
- Child care assistance
- Mental health and substance use disorder treatment

Client Flow

As depicted in Exhibit 6, clients usually hear about Neighborhood Place through word-of-mouth, community outreach events, and internal referrals from the partner agencies (for instance, a referral from a JCPS resource center), then engage in eligibility determination, a needs assessment, ROI, and referrals to other services.

Though a client typically comes to Neighborhood Place with a specific service need, staff from all partner agencies use a common assessment to identify needs. One of the staff members at the location, usually from the program from which the client is seeking services, conducts an initial assessment to determine eligibility and to learn about other needs. The staff member introduces clients to staff of another agency in-person, if possible—a warm handoff—and if clients need assistance with those other services. From the perspective of clients in the focus group, staff work together to provide a smooth experience for clients across many services. Staff may also follow up with clients to see whether they received services at the different agencies to which they were referred. If clients are uncomfortable communicating in English, Neighborhood Place uses language lines and interpreters to help with translation.

During the intake process, clients complete Neighborhood Place's ROI form, which allows staff to share client-specific information across agencies. We discuss the ROI form in more detail in the upcoming Data Sharing subsection.

Exhibit 6. Neighborhood Place Client Flow
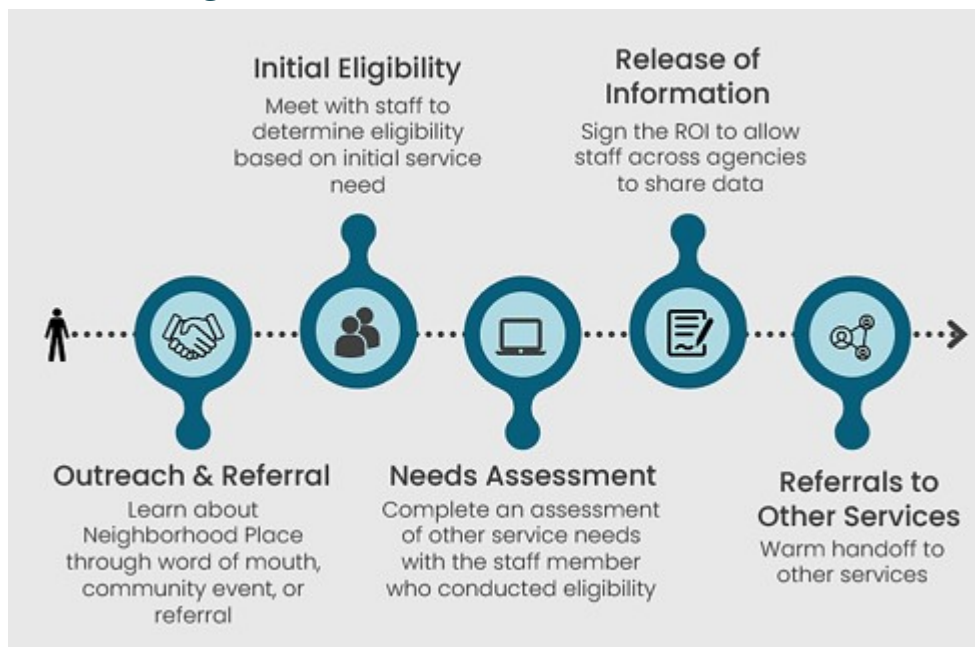
The length of time clients receive services varies, depending on the service and the client's circumstances. For instance, utility assistance offered through the Low-Income Home Energy Assistance Program is available only at certain times of the year.[25] Other services are longer-term, such as Healthy Start, which provides support through monthly home visits while a woman is pregnant and until her child is 18 months old. Alternatively, clients may receive SNAP and Medicaid for a longer time but with less intensive communication with staff. Many clients with whom we spoke received services from Neighborhood Place multiple times over many years, returning when, for example, they were between jobs and needed assistance with housing and food, needed counseling, or became eligible for senior benefits.

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[25] LIHEAP Program Duration: Heating, Cooling, and Crisis. LIHEAP Clearinghouse. https://liheapch.acf.hhs.gov/tables/program_dates.htm

Neighborhood Place continued to provide the same services during the COVID-19 pandemic but adapted its service delivery model, as described in Box 13.

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Box 13. Service Adaptations during the COVID-19 Pandemic

Like other service providers, Neighborhood Place had to pivot quickly to provide services remotely during the COVID-19 pandemic. Staff could receive applications over the phone and via drop boxes outside the Neighborhood Place locations. Applications are available online through the different partner agencies (though not directly from Neighborhood Place), and clients could connect with staff via phone. Clients could also call a state hotline to apply for DCBS, including Kentucky Transitional Assistance Program (the state's TANF program), SNAP, Medicaid, and child care.

Working with clients remotely was beneficial in some ways because it saved time for clients and staff and reduced wait time and travel time for clients. Some program staff shared that they could process applications more quickly and can meet deadlines more efficiently.

However, staff described drawbacks to virtual services, including access challenges for clients less comfortable with technology; operational challenges with the state hotline, such as long wait times and getting disconnected; and fewer opportunities for relationship building between staff and clients. For example, staff who conduct home visits noted that being unable to do so during the pandemic made getting a complete sense of the needs of the family difficult.

At the time of this writing in 2022, Neighborhood Place leadership had not decided whether remote services would become a permanent part of the CCRC's model.

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Staffing

Each Neighborhood Place location is led by a site administrator employed by Louisville Metro Office of Resilience and Community Services. Administrator is one of two "partnership-specific positions" at Neighborhood Place. Site administrators are responsible for overseeing the collaboration efforts at a particular location. The other partnership-specific position is a coordinator of community support, hired by JCPS and responsible for connecting families to services outside Neighborhood Place, liaising with staff from the school district about Neighborhood Place services, and working with the site administrator to plan community events.

> " You don't realize that you're working for different agencies, we're just doing different assignments.
>
> - Staff "

All other staff work for one of the partner agencies, shown in Exhibit 7. Frontline staff from partner agencies are co-located on site to provide their program services. Some staff work across programs within their agency, and others focus on a single service. Although the site administrator does not directly supervise all of the staff members in the building, he or she is responsible for overseeing the collaboration efforts at that particular Neighborhood Place location.

Exhibit 7. Typical Staff Co-located at a Neighborhood Place

Louisville Metro	JCPS	Kentucky DCBS	Seven Counties
Site Administrator*	Coordinator of Community Support*	Protection & Permanency Supervisor/Frontline Staff *Child welfare*	Counselor *Mental Health and Substance Use Disorder*
Social Service Program Supervisor	Family Resource Youth Services Center Coordinator		
Case Managers		Family Support Supervisor/Frontline Staff *Kentucky Transitional Assistance Program (KTAP), SNAP, Medicaid, Child Care*	
Women, Infants and Children (WIC) Supervisors/Frontline Staff	School Social Services and Truancy Prevention Supervisors/Frontline Staff		
Healthy Start Supervisor/Frontline Staff		Security Guard	

* *"Partnership" staff who oversee collaboration efforts across agencies*

Staff reported that being in the same building and being familiar with the staff from other agencies is crucial to their collaboration and partnerships. Staff feel comfortable reaching out to staff from other agencies and often ask questions by just walking over to a colleague's cubicle. In addition, staff come together once a year for cross-training on partner agencies' services and processes and other training on various topics, such as equity and inclusion.

PARTNERSHIPS

Neighborhood Place is a partnership of multiple public service agencies, and both formal and informal practices exist to foster and maintain collaboration among the different agencies. The partner agencies signed a formal agreement in 1993 that acknowledges the collaboration effort of the partners in the Neighborhood Place. Nearly three decades later, agencies still reference this agreement as evidence of their commitment to collaborate.

> "
> The success also with Neighborhood Place and being able to service our clients is us not staying huddled inside, but going and saying, who can I capture for our events, who can I capture to come in so that we can somehow make a connection for our clients with these organizations?
>
> - Staff member
> "

Because the partner agencies maintain separate staff, budgets, and data systems (as described in the upcoming Data Sharing subsection), staff noted the importance of having buy-in about the shared mission and vision from leadership and frontline staff to ensure the staff from separate agencies function as a team. Partner agencies encourage their staff to have a spirit of collaboration at every level. Furthermore, the Community Council plays an important role in advocating for Neighborhood Place if agencies waver in their commitment to the partnership.

Neighborhood Place promotes strong relationships and shared knowledge through regular communication and formal structures for collaboration. Points of coordination and communication among partner agencies include the following.

- **Committees.** Partners collaborate and manage Neighborhood Place operations through a committee structure. Multiple committees make decisions on different topics related to Neighborhood Place, such as finance, operations, and outcomes and data.
- **All-staff meetings.** Neighborhood Place locations have all-staff meetings once a month with frontline staff from all partner agencies.[26]
- **Integrated services meetings.** In these monthly meetings, each partner agency presents on a client or family with whom they are working, including details about that client's progression through Neighborhood Place services and a discussion of the client's needs. Other agencies are able to make suggestions, as well, to support the family. In addition to providing a regular opportunity for staff across agencies to collaborate in support of a specific client or family, staff described these meetings as a way for them to better understand the services and processes of other partner agencies. Staff hear how their colleagues from other agencies approach a case and learn about the different services and supports that agency offers.
- **New staff onboarding.** Site administrators are responsible for onboarding and training new staff, in addition to the training a staff person receives from his or her agency, and the more tenured staff help new colleagues settle in.

> " I really make it a point, that if it's a new person in the building, I don't shy away, I just pull them out, just to make them feel welcome first and foremost, because I remember when I started, I was timid . . . I didn't know who to ask what, or who I was allowed to ask because it was such a new concept.
>
> - Staff member "

In addition to the formalized partnerships inside of Neighborhood Place, staff have informal partnerships with outside agencies. Neighborhood Place does not provide every service a client might need, but staff are connected in the community so they can suggest other resources a family might need. Staff can also refer clients to other Neighborhood Place locations that may offer a different array of services.

DATA SHARING

Neighborhood Place does not have a shared data system among its partner agencies, but it has developed other processes to facilitate data sharing. Each agency is responsible for collecting its own data, using whatever data system or systems are required by the agency or funding source. Currently, no formal data sharing agreements exist among agencies, but agencies share data on a particular client through the ROI form or aggregated data through a welcome survey and a performance management tool.

Release of information. Clients sign the ROI form, the main conduit for data sharing among the partner agencies, giving consent for them to share client-specific data with one another. By signing the ROI form, clients make an informed decision about which agencies are able to share their data,

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[26] During the pandemic, staff meetings and integrated services meetings happened less regularly because staff were working remotely. The site visit occurred at a time of transition when site administrators were just beginning to consider how to bring back these types of structures.

and agencies can avoid asking for duplicate information from the client and can instead verify information the client has previously provided.

The Neighborhood Place partner agencies developed the ROI form at the beginning of the partnership, and it remains a critical component of the frontline staff's ability to collaborate with one another. Constructing a form that both meets the needs of the staff and protects client data security and privacy was labor intensive—legal staff from each partner agency reviewed the document to make sure it met their organization's needs—but staff view it as worth the effort because it continues to be a central component of the Neighborhood Place model.

Welcome survey. Another way staff share data is through a welcome survey that clients complete on their first visit to Neighborhood Place. The welcome survey includes demographics, primary service need, and other such information. JCPS collects welcome survey data and shares it back to staff at the Neighborhood Place locations so they better understand their client population.

Performance management tool. Neighborhood Place uses a performance management tool to track aggregated data on key measures. The tool, developed in partnership with Vanderbilt University (Coverstone and Van Heukelum, 2013), provides a report across agencies on specific outcomes of interest. It allows Neighborhood Place leadership to track aggregate data on related measures collected by different agencies. Each agency within Neighborhood Place tracks data and outcomes on its clients using its own data system and reports on data related to several outcomes defined in the performance measurement tool:

- Family stability (including safety and permanency),
- Healthy families,
- Economic self-sufficiency,
- Resilient student performance (including attendance), and
- Collaboration.

Each of these outcomes is made up of several data indicators, which may come from different partner agencies. For example, the family stability outcome has four indicators: two are collected by DCBS (recurrence of abuse, neglect, or both and reunifications), one is collected by JCPS (number of homeless students) and one by Louisville Metro Government (financial assistance expenditures).

FUNDING

Neighborhood Place operates on what staff describe as a cost-neutral model, meaning that ongoing operation of Neighborhood Place locations costs no more than the partner agencies would have spent to deliver the same services separately. Leadership shared that this model has been crucial to the longevity of Neighborhood Place because it insulates the organization from cuts to funding and changes in administration.

Accordingly, there is no "Neighborhood Place budget"; each partner agency allocates some of its budget for Neighborhood Place to help cover expenses. Primary funding sources for each agency are listed in Box 14. Each staff person works for a single agency, and that agency pays for the administrative costs associated with a staff member co-located at Neighborhood Place. Each agency is also responsible for the costs associated with maintaining its data system.

In addition to agency-specific funding for programmatic, staff, and data system costs, each agency contributes to the "partnership costs" of Neighborhood Place. Louisville Metro Government and JCPS each fund Neighborhood Place-specific staff (site administrators and coordinators of community support, described previously) as well as facility costs for some locations (JCPS oversees the buildings on or near school campuses, and Louisville Metro Government oversees the other locations). The state contributes funding from the Kentucky General Fund for shared operational costs, such as supplies, minor renovations to buildings, and staff training costs. Though this funding amount is relatively small, it is extremely important to Neighborhood Place operations because it is flexible and it covers expenses not allowable under other funding streams. Staff view partnership costs as similar to the costs they would incur providing services at separate locations (e.g., facilities, supplies, administrative staff), but they are pooled and shared among the partner agencies for Neighborhood Place.

Despite the cost-neutral approach to ongoing operations, larger up-front investment often is required to build or to renovate a space to open a new Neighborhood Place location. Partner agencies often must find alternative funding streams, such as a city bond, because the costs of building or renovating a site are larger than their regular annual budgets allow.

In addition to the funding sources that make up partner agencies' regular annual budgets, the agencies apply for grant and foundation funding as it becomes available. Staff described how Neighborhood Place was well positioned to distribute COVID-19 related funding, such as emergency rental assistance, because of its existing infrastructure and reputation in the community.

Box 14. Neighborhood Place Funding Sources

Louisville Metro Government

- Community Services Block Grant
- Low-Income Home Energy Assistance Program
- COVID Emergency Rental Assistance
- Women, Infants and Children Nutrition Program
- Healthy Start
- City bonds
- Kentucky General Fund

Jefferson County Public Schools

- Public school funding (federal, state, and local)

Kentucky Department of Community-Based Services

- Kentucky Transitional Assistance Program (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Kentucky Children's Health Insurance Program
- Kentucky Child Care Assistance Program
- Social Services Block Grant

Seven Counties Services, Inc.

- Medicaid and Medicare
- Federal, state, and local grants
- Private donations

D.   Reflections on Centralization of Services

Staff and clients identified benefits, challenges, and lessons learned associated with the Neighborhood Place model of centralizing services.

BENEFITS OF CENTRALIZING SERVICES

Neighborhood Place staff and clients offered their perspectives on the range of benefits that come with a centralized approach to service delivery.

Ease of access. Staff and clients believe that providing multiple services at one location makes services easier to access for clients, particularly individuals with transportation barriers. Clients in the focus group noted how Neighborhood Place locations are on the bus line or within walking distance from the clients' homes, so they are convenient. Families can go to one location in their community to receive many services, instead of scheduling multiple appointments and traveling from office to office.

> "Someone in crisis usually cannot think straight and wrapping them with different arms holistically and having that ability to help them under one roof is extremely useful.
>
> - Staff member

Connections to other services. Another perceived benefit of Neighborhood Place's model is that regardless of which service a client seeks, that person can be connected to other services, as well, to meet his or her needs. Staff assess the family members and let them know about a variety of other services for which they might be eligible. This common intake process requires a team approach, information sharing across services, and a strong community focus. If a family needs services outside Neighborhood Place, staff may suggest another organization in the community.

> "[Staff] really work hard to solve your problems, and they're good at advising. Even if they can't directly help you, they know somebody within the system.
>
> - Client

Clients feel comfortable and trust staff. Clients noted their deep respect for the staff at Neighborhood Place, which allows clients to be comfortable and open up about their personal experiences and needs. Many clients appreciate the staff members' work ethic and empathy. One client said, "Their service is good, they're so empathetic and they really put their heart into it and they're working very, very hard to get things turned around as quickly as they can for you." The work of Neighborhood Place is well regarded in the community, according to clients and Community Council members, which also helps quickly establish trust between staff and new clients. Staff noted how they try to create an atmosphere where Neighborhood Place locations are "home" and staff are friendly faces.

Strong ties to the community. Neighborhood Place locations stay connected to their communities through the Community Councils. The Councils elevate the perspectives of community members and demonstrate commitment to community input. Clients view Neighborhood Place as a community institution they know and trust. Moreover, Council members aim to expand the reach of

Neighborhood Place through outreach in their own networks and direct advocacy with local and state government officials to preserve Neighborhood Place funding and support.

CHALLENGES OF CENTRALIZING SERVICES

Neighborhood Place staff also discussed two main challenges. The clients with whom we spoke identified no challenges related to centralized services.

Limited physical space. One challenge about which Neighborhood Place staff spoke is having insufficient space to expand services. In one location, the footprint of the office is small and the level of need in the community is greater than anticipated, leading to a cramped office space with little room for growth. Staff mentioned that the lack of privacy in crowded, open offices can make opening up difficult for clients.

Staffing. All of the partner agencies face high turnover and challenges filling vacant positions, which staff attribute to the competitive job market and low wages in the public sector. Although clients had overwhelmingly positive impressions of Neighborhood Place staff, clients recognized that staff take on a lot of responsibility and face risk of burnout. They identified a need for additional staff. High turnover in turn creates challenges from a staff training perspective. Because of the time required to cross-train staff and to develop buy-in to Neighborhood Place's centralization model, staff turnover can be particularly challenging. Neighborhood Place has moved away from an intensive, formalized staff training model in recent years in favor of a more informal onboarding process because the investment in formal training was too great when staff turned over quickly.

LESSONS LEARNED AND PLANS FOR THE FUTURE REGARDING CENTRALIZED SERVICES

Staff shared several lessons learned over decades of centralized service provision, which aligns with the experiences of clients.

- **Frequent communication and buy-in at all levels are critical.** Structures to support collaboration allow Neighborhood Place to sustain close, supportive partnerships that outlast particular staff. Staff believe having a common mission and agreed values is central, in addition to a culture of collaboration and partnership within each location and at the leadership level in the operations committee. When staff buy into the family-centered mission of Neighborhood Place, clients feel a sense of trust, respect, and empathy. Furthermore, staff and Community Council members communicate regularly with elected officials and agency leadership, who may be less familiar with Neighborhood Place, to build buy-in for the centralization model.
- **Neighborhood Place has an ethos of continuous improvement, bolstered by a strong commitment to the shared mission and vision.** Neighborhood Place's focus on improvement is especially evident in the way Neighborhood Place has improved data sharing over time. First, the development of the ROI form allows staff across agencies to communicate about particular clients. Second, the development of the performance management tool allows for Neighborhood Place to report on

> " It is so important that each person and agency stays outside of their silos, everybody needs to sit at the kitchen table and work with the other agencies there.
>
> - Staff member "

key outcomes across all agencies, which helps the partners make data-driven decisions to improve the program.

> **"**
> You can tell that [staff] truly care and they have a mission to help you.
>
> - Client
> **"**

- **Creating a sustainable, cost-neutral funding model has contributed to the longevity of Neighborhood Place.** Because the cost of ongoing service provision through Neighborhood Place locations is the same as it would be for partner agencies to deliver services separately, staff describe the centralization effort as less vulnerable to program-specific funding cuts or defunding of initiatives as administration priorities shift over time. Moreover, staff from partner agencies communicate regularly about funding needs and work together to pull together funding from a variety of sources. If funding cuts are proposed, the Community Council steps in to advocate for the Neighborhood Place model with local or state elected officials.

- **Many staff feel that having a physical space people can visit is imperative.** Some clients, such as individuals who are older or lack internet connectivity at home, may have a hard time navigating services provided remotely. Neighborhood Place locations can provide a place where people can walk in and feel welcomed, access services, and meet with staff to guide them. Staff reported that Neighborhood Place locations are important because they build community and foster collaboration between different partner agencies. Several clients with whom we spoke had been coming back to Neighborhood Place for years and noted that they prefer to go in person because they are able to develop relationships with staff over time.

At the time of the site visit, Neighborhood Place staff were just beginning to return to a hybrid of in-person and remote service provision. They were in the midst of determining what the Neighborhood Place services might look like moving forward. Many staff noted the importance of connecting with clients in person, particularly for those clients who have trouble accessing virtual services, but other staff noticed an increase in efficiency with phone-based applications. Overall, staff remain committed to a place-based model embedded in the community and they prepared to open an eighth Neighborhood Place location in spring 2022.

Chapter 6: Wayne Metro Community Action Agency Site Brief

A.   General Information and Introduction

Founded in 1971, Wayne Metro provides more than 70 different programs and services, including financial literacy classes and coaching, homeownership workshops, housing counseling, utility assistance, Head Start, GED preparation, free tax preparation, foreclosure prevention, and homelessness services. Wayne Metro leadership said they aim to "create equitable and inclusive communities, with green and healthy homes where families can succeed and be empowered to be strong, healthy, and thriving." Staff help clients access services while assisting the development of clients' skills and economic stability to the point where they no longer need Wayne Metro services.

GEOGRAPHIC SERVICE AREA

Wayne County, Michigan

Over 50 offices, primarily in the City of Detroit

ABOUT THE SITE

Type of site: Community Action Agency

Key Partners:
Community activists
Utility providers
Municipal offices
Funders

Primary Funding Source: Federal funding

Size:
850 employees
About 70,000 clients served

Since 1971, Wayne Metro has provided services to Wayne County, evolving to meet the community's needs by developing a call center to quickly connect clients to services and co-locating staff in offices with other services providers to expand client access. In 2016, Wayne Metro shifted from providing individual services to clients to a "whole family" model, a multigenerational approach that focuses on the family as a whole and its success. The whole family model requires Wayne Metro staff to learn about all family members' goals and to connect them with multiple services to reach those goals. Before this shift, Wayne Metro connected clients with only the specific services in which they were interested.
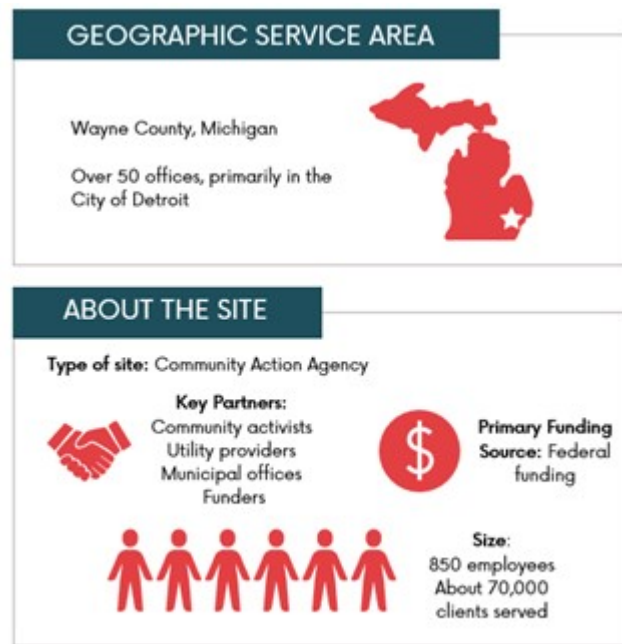

Pictured: Entrance to the Wayne Metro headquarters office

In addition to 50 offices, Wayne Metro uses two tools to centralize services for clients: a call center with staff trained in all programs (Connect Center) and an online universal application. Clients can call the Connect Center to learn about all available Wayne Metro services. During calls, staff point them to the resources needed.

B.   Clients and Community Served

Wayne County has a population of 1,774,816 people, with the highest concentration in the City of Detroit.[27] Wayne Metro provides services in six regions of Wayne County, as illustrated in Exhibit 8. It primarily serves the City of Detroit, where 70 percent of clients live. Through its 50 office locations, Wayne Metro estimates that it has served more than 70,000 clients each year since the COVID-19 pandemic began, doubling the number of clients it served before the pandemic.

Exhibit 8. Wayne Metro Regional Map
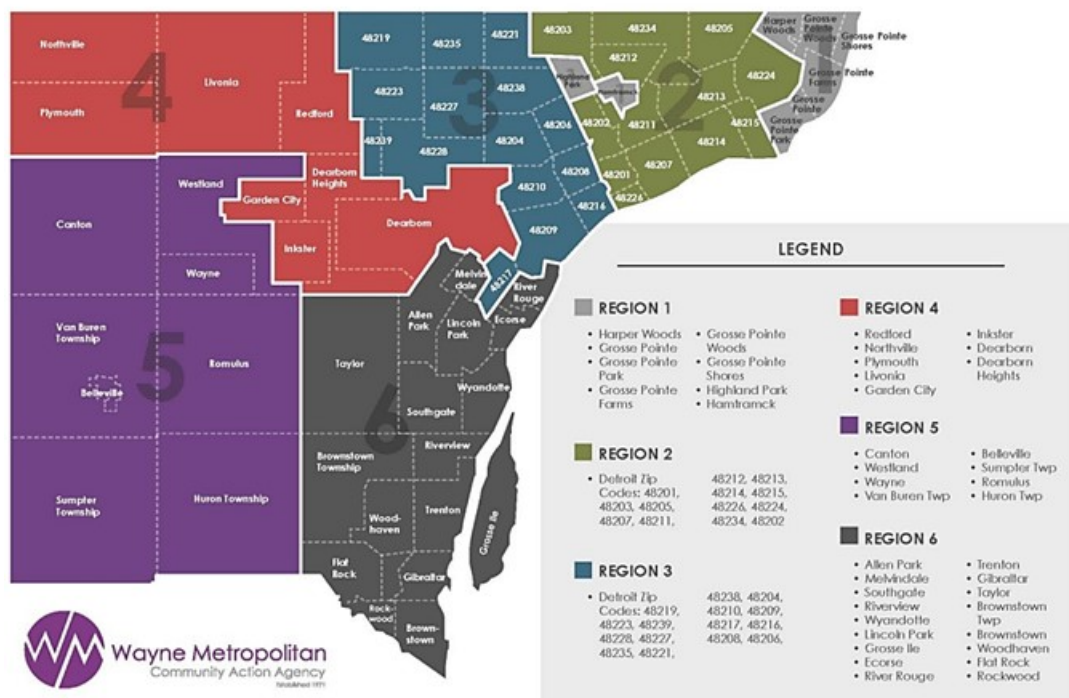
Source: Wayne Metro 2020 Strategic Plan

POPULATION SERVED

In general, Wayne Metro serves families that have low income (earning below 200 percent of the federal poverty level). Adult clients in those families range in age from 20 to more than 50 years. Children between ages 3 and 5 years are often enrolled in one of Wayne Metro's Head Start programs. Their caregivers are often young and single. The families who Wayne Metro typically serves experience homelessness, include parents who are unemployed and are on SSDI, or both. Many clients experience intergenerational poverty and have experienced some trauma.

Individuals served by Wayne Metro often face education and transportation barriers to achieving economic stability, among other systemic barriers. Some clients do not have the education needed to obtain jobs or the time to attain a GED certification needed to access certain jobs. Many clients do not have transportation to go to work or to visit Wayne Metro offices. To minimize this barrier, Wayne Metro locates its offices in busy areas near freeways and bus lines so clients can access

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[27] https://www.census.gov/quickfacts/fact/table/waynecountymichigan,US/PST045221

services via public transportation. The online universal application also helps clients access services without requiring them to travel to an office.

Wayne Metro staff and clients shared the strengths of their community. The staff discussed how clients are driven to improve their lives and the lives of individuals around them. Staff said that clients want to use the assistance offered by Wayne Metro to improve their situation and to ensure a better future for their children. Focus group participants also described wanting to help Wayne Metro improve the lives of community members that Wayne Metro has yet to reach, offering to advertise services to their connections in the community. Participants said that even though asking for help can be difficult, they wanted to share their experiences in asking Wayne Metro for help with others in the community to support them in achieving their goals.

Pictured: Wayne Metro hallway identifying areas of impact

CONNECTIONS TO THE COMMUNITY

Wayne Metro is committed to delivering culturally responsive, equitable services by reflecting the racial, ethnic, and cultural diversity of Wayne County. Staff located at individual offices speak the predominant language of the community and often belong to the community that office serves. For example, Arabic speaking staff are likely to be located in offices where there is a dense population of Arabic speaking communities, such as Dearborn, which has one of the largest Arab American populations.

Wayne Metro values its relationship with the community. Leadership said community partners and interested individuals and groups have been essential to its growth, development, and organizational maturity. Leadership see the organization's role as the intermediary that helps communities access the services they need and connects funders to communities. To build trust with the community, Wayne Metro staff solicited feedback from community partners on ways to improve its relationship with the communities with which it worked and ways Wayne Metro could improve its services. Community members shared that Wayne Metro services could better meet the needs of its community, such as by decreasing the amount of time it took clients to access services. In response to these discussions, Wayne Metro developed the universal application. Now, Wayne Metro staff make engaging with community partners a regular practice to inform programming and continuously solicit feedback from the community about services needed. Wayne Metro draws on community input through the following.

- **Board of directors.** Wayne Metro's board of directors is made up of one-third community members, one-third political leaders, and one-third business leaders. The board of directors guides Wayne Metro's direction. With community members serving, the board is infused with community voice and can hold Wayne Metro accountable for responding to the needs of the communities it serves.
- **Regional advisory boards.** Wayne Metro organizes its service area into six regions. An advisory board made up of community members represents each region. The advisory

boards meet monthly with Wayne Metro and share information about current events and needs of the region.

- **Developing buy-in with community partners.** Staff intentionally involve community partners in development of new programs. When presenting the new program to the community, staff invite community partners to demonstrate how partners provided input on new programs.
- **Client surveys.** At the completion of services, Wayne Metro surveys clients for feedback regarding their experience with Wayne Metro.

In addition to drawing on community input, Wayne Metro provides time for staff to learn about the cultures of the communities with whom they work and to assess services community members may need. They participate in culturally responsive trainings to inform how they engage with clients. Wayne Metro staff lead these trainings with external partners and consultants. To better understand the various communities and their needs, staff conduct community needs assessments every three years to determine the services needed and by whom.

In a focus group with the study team, clients reported feeling a sense of relief once connected to Wayne Metro. They explained how they felt some hesitation when reaching out for support because they had asked for help from family and friends before accessing services at Wayne Metro. For the focus group participants, Wayne Metro was a last resort for help. Although sometimes afraid of being rejected or judged for accessing services, clients revealed that these feelings quickly dissipated when staff focused on supporting them and their family in any way possible.

C.   Services and Centralization

Wayne Metro offers multiple programs and services both in-person and virtually, shown in Box 15, and provides a single access point for individuals and families with low income. For example, individuals can complete the universal application online, walk into a Wayne Metro office, or use the website online chat feature for assistance.

A few primary service needs, such as water and energy assistance, lead clients to Wayne Metro. Once connected with Wayne Metro, clients often access rental assistance, early education, afterschool programs, food support, and support for other basic needs.

To deliver services, Wayne Metro organizes staff by function and program. Each program has the following staff positions:

- Frontline staff who help potential clients who call the Connect Center and provide direct services;
- Staff members responsible for processing applications;
- Program coordinators who serve as a resource for frontline staff and support managers; and
- A manager who oversees the program.

Clients first connect with Wayne Metro in various ways. For services related to financial assistance, such as utility assistance, clients connect with Wayne Metro through the Connect Center, where staff help them complete the universal application and submit needed documents. Clients may also work with staff from individual program teams to ensure their applications are complete. In some programs, such as Head Start, clients connect to Wayne Metro staff who assess their goals for the program and provide ongoing case management before connecting them with the Connect Center for additional services.

To teach Wayne Metro staff about the other services available to clients, individual program teams provide training directly. Staff also use internal resources developed by Wayne Metro staff to stay informed about the services available at Wayne Metro. For example, a financial coach developed a spreadsheet that helps staff identify other services for which a client may be eligible based on his or her income.

SERVICE DELIVERY

Wayne Metro provides services at more than 50 sites, co-locating staff at Wayne Metro buildings as well as municipal buildings, schools, buildings with elected officials, and Head Start centers. Staff direct clients to services using the Connect Center and universal application.

Box 15. Wayne Metro Services

- Rental assistance
- Property tax assistance
- Food supports, including summer food programs and a virtual marketplace for food and household hygiene items
- Energy assistance
- Water assistance
- Emergency plumbing repair
- Head Start and Early Head Start
- After school and summer programs
- Family literacy
- Weatherization Assistance Program
- Housing stability and counseling services
- Tax preparation program
- Financial coaching
- Financial education
- Mortgage supports

Physical Space

Wayne Metro services are housed in one of four location types, illustrated in Exhibit 9: a main hub, smaller Wayne Metro-owned satellite sites, Head Start centers, and staff placed in sites such as schools and offices of elected officials. Clients can access all Wayne Metro services at any location, and each site has staff from an array of programs.

Wayne Metro staff also said that they often refer clients to other Wayne Metro services. For example, as part of developing participants' family plans, Head Start staff might refer families to adult education services offered by Wayne Metro. Staff noted that developing strong relationships with clients helps clients feel comfortable coming back to Wayne Metro if they need additional services. Clients also often refer friends and family members.

Exhibit 9. Wayne Metro Co-location Sites

A hub providing Wayne Metro services in a larger building

Smaller Wayne Metro-owned sites and buildings such as a converted old theater

Head Start centers

Municipal buildings, schools, and buildings with elected officials

Client Flow

Strong relationships with other organizations and clients are essential to recruiting clients for Wayne Metro services. In addition to organizations with which they co-locate (see the upcoming Partnerships subsection for more information), a variety of organizations—including United Way; the Michigan Department of Health and Human Service programs; the Special Supplemental Nutrition Program for Women, Infants, and Children; and 211, the state-wide resource for identifying services—refer potential clients to Wayne Metro. In addition, Wayne Metro has developed relationships with local utility providers to add a QR code on bills that would connect potential clients with information about utility assistance available at Wayne Metro. One focus group participant said that they learned about Wayne Metro services through information on their utility bill.

> "They actually offered help, like OK, well here's some things we can do. It was very helpful. You didn't just feel like you were alone.
>
> - Client

As shown in Exhibit 10, clients can call the Connect Center to learn about available services or to schedule an appointment to speak with staff in person. Connect Center staff are trained to ask probing questions to identify and share information about additional available services in which the client or the client's family members may be interested.

Exhibit 10. Wayne Metro Client Flow
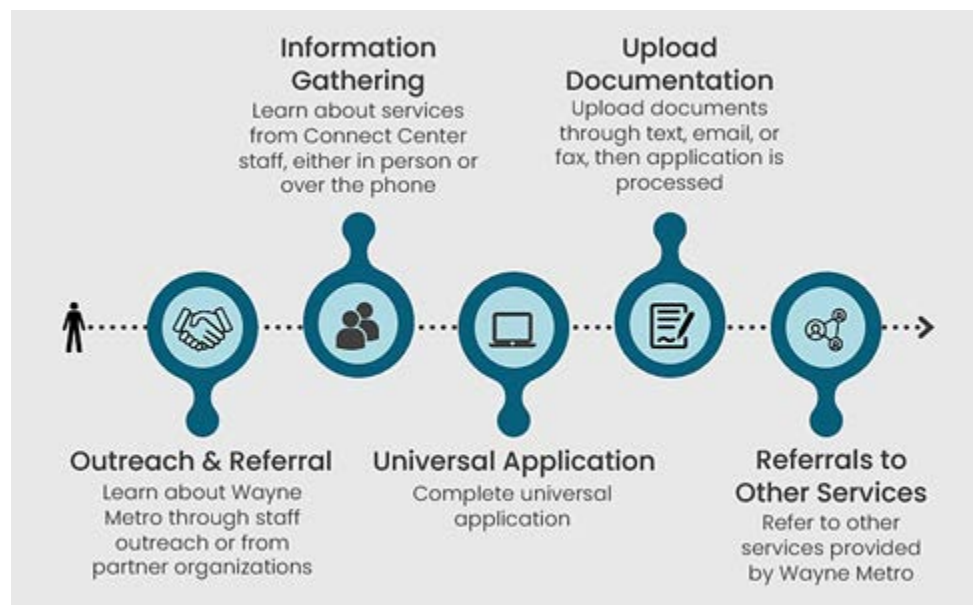
To confirm eligibility while on the call with the Connect Center staff, Wayne Metro uses categorical eligibility.[28] For example, if a client is determined eligible for Head Start, then the client would be automatically considered eligible for additional services, such as housing or energy assistance. If callers are income ineligible for a particular service, Wayne Metro staff refer them to other providers for comparable services. At the end of the call, Connect Center staff send the client a link to the universal application. Through this application, clients can apply for multiple services for the whole family at one time. If clients need additional help completing the application or have no access to the internet, Connect Center staff will also set up appointments to walk clients through the application and, if needed, complete the application for the client. Connect Center staff can provide this application assistance in person or over the phone. Wayne Metro staff said that because the universal application is available online for clients to complete at their convenience, clients can avoid long waits before accessing services.
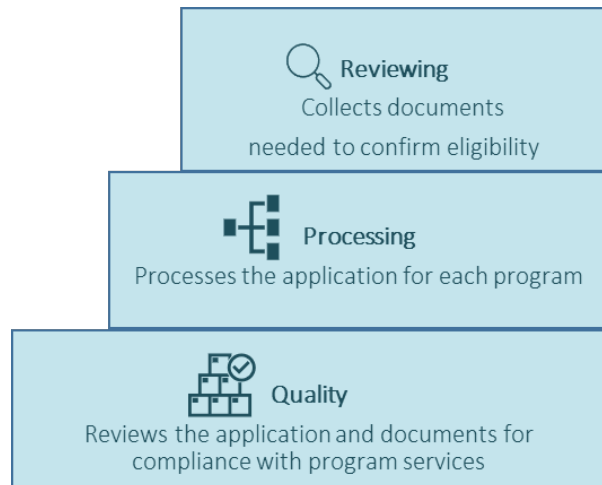
Staffing

Wayne Metro staff are also prepared to help clients in person. Connect Center staff are located in each office so if a client walks into any Wayne Metro office, Connect Center staff will meet with the client and ask the same probing questions. This process is designed to help clients learn about services and complete the application as they would if they called the Connect Center.

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[28] Programs may use categorial eligibility to determine whether clients or participants are eligible for services based on their eligibility for another program with similar eligibility requirements.

Once individuals complete the universal application, the individual program teams process applications for the specific services they offer. Each program team can view the data collected through the universal application to determine eligibility for its individual program. Once the application is complete, several teams ensure the application is processed accurately. Exhibit 11 shows the role three teams play in processing applications. Once the application is processed, the client experience varies by the programs and services the client receives. For example, some clients can receive some services, such as energy assistance, without meeting with staff from the program. For other programs, such as Head Start, clients work with a program case manager who conducts assessments and meets regularly with the family once their child begins attending.

Exhibit 11. Three Teams Process Applications

🔍 Reviewing
Collects documents needed to confirm eligibility

▦ Processing
Processes the application for each program

▥✓ Quality
Reviews the application and documents for compliance with program services

When clients who have already received services need additional services, Wayne Metro staff said they generally refer clients back to the Connect Center for more information because Connect Center staff are the most up-to-date on the services available. Connect Center staff use a document they call their "holy grail," which provides information about all the programs, process flows, and documents needed to demonstrate eligibility. Connect Center staff discuss clients' needs and help identify additional programs or services that would address those needs. Clients then submit a new application. Staff also connect clients with other program teams, if needed.

Wayne Metro was able to build on its existing structure to help clients access services virtually during the COVID-19 pandemic, as described in Box 16.

Box 16. Service Adaptations during the COVID-19 Pandemic

During the COVID-19 pandemic, clients were unable to access services in person because of stay-at-home orders. To help clients access the services they needed, Wayne Metro increased clients' virtual access to services. Before the pandemic, Wayne Metro began developing a universal application, whereby clients could apply for multiple services online at one time. The pandemic accelerated the implementation of the universal application, as Wayne Metro prioritized responding to the growing need clients had for online services.

To understand the number of clients who accessed services throughout the pandemic and to inform community partners' understanding of community needs, Wayne Metro staff aggregated data collected through the universal applications to create dashboards and to share aggregate information with each other or with partners.

PARTNERSHIPS

As a Community Action Agency, Wayne Metro centralizes services within itself and partners with external organizations primarily for co-location and for sharing information about services. See Box

17 for detail on their written agreements. For example, Connect Center and program staff co-locate at elected officials' offices to quickly connect constituents with services. Wayne Metro also collaborates with churches and neighborhood-based child care centers to provide services while sharing the cost of facilities. To provide afterschool programs, Wayne Metro works with individual schools.

Box 17. Defining partnerships

Wayne Metro uses written and signed agreements between its organization and the partner that describe the conditions of the partnership, similar to an MOU. For example, the agreement would specify terms for leasing space, dates the agreement covers, and expectations and conditions of the grant if Wayne Metro provides funding to the partner.

Wayne Metro also partners with community members. A local council member owns all of the buildings on a city block in one community, and Wayne Metro is helping that member acquire a child care license and will co-locate services. At the time of the site visit, co-location of Wayne Metro staff at partner locations was paused as a result of the COVID-19 pandemic, but Wayne Metro staff said they expected co-location to resume shortly. Partners also helped Wayne Metro share information about services with potential clients. For example, the local water provider added to its bills information about water assistance services available at Wayne Metro so potential clients could access services, if needed.

DATA SHARING

Wayne Metro uses a centralized data system to capture information for multiple programs and to support continuous improvement. This data system takes the information collected through the universal application, identifies the data needed to process the application for individual programs, and shares the relevant data with individual program teams. The universal application includes questions about routine personal details, such as race, ethnicity, gender, working experience, educational experience, date of birth, age, phone number, address, types of disabilities, and types of incomes and whether the applicant is receiving benefits from other programs (e.g., TANF).

> " Our priority is always clients and then staff: Improving the clients' experience and then improving the staff's experience so both have what they need.
>
> - Staff member "

When Wayne Metro first developed the universal application, it used simple online forms to collect information from clients and online spreadsheets to store the data. As clients' needs for services grew throughout the COVID-19 pandemic, so did Wayne Metro's need to collect and store data. During the pandemic, Wayne Metro staff developed the organization's current data system in an online database system that requires no staff to code.

Staff use the data system to improve the experience for clients through continuous improvement of the universal application, by identifying areas for staff training and informing staffing decisions, such as the number of staff needed to support a new program. Before development of Wayne Metro's data system and the universal application, Wayne Metro primarily used data for reporting to funders.

Now data staff also use data from the system to work with program staff to identify and apply improvements to service delivery, as described in Box 18. For example, data staff run reports to identify opportunities to train program staff, such as application processing delays and common application processing errors. Staff reported that using analytics helped them become more efficient at processing applications and helped clients access services in a timely manner.

Staff also use the data system to inform staffing decisions. For example, they use auto-generated reports to estimate the number of staff needed to support a program or to estimate the amount of time they might need to process applications. They use these reports to make decisions about whether to add or decrease staff.

Wayne Metro uses other data systems shown in Box 19, such as Child Plus, the Head Start data system, when required by funders. However, when possible, Wayne Metro seeks exemptions from using funder-required data systems by demonstrating that its own data system can collect the same data that funders require. When Wayne Metro staff share data with funders, they provide aggregate information about the services provided by the funders' contribution, types of additional services clients needed, and the number of additional services clients accessed through Wayne Metro that are funded by other funding sources.

FUNDING

Wayne Metro relies on multiple federal funding sources and has developed a strong infrastructure to track funding across programs to implement its centralized approach. Federal funding makes up more than 80 percent of Wayne Metro's funding, but Wayne Metro has more than 20 funding sources, listed in Box 20. According to Wayne Metro staff, the budget increased from $60 million in 2020 to $250 million in 2022.

Using flexible funding, as described in Box 21, helps Wayne Metro address funding limitations when it must meet emergent community needs. Wayne Metro uses Community Services Block Grant funding to meet program needs not covered by other funding streams because it has fewer programmatic restrictions on how funds can be used than other program funding streams. Wayne Metro staff referred to this funding as their "pivot" funding, which allowed them to address community needs. For example, one neighborhood is ineligible for the Water Relief Assistance Program, so Wayne Metro has used pivot funding to provide a similar program to clients in that specific community.

Tracking costs and funding requirements across numerous funding streams can be a challenge. To accurately track the requirements of each funding source, the finance team assigns a grant accountant or grant coordinator to monitor each funding stream. Wayne Metro staff track the time they spend on each program to allocate costs to the appropriate funding stream; then, the finance team proportionally assigns the costs to the funding stream. Wayne Metro staff report that this method allows them to better centralize services because staff can work across programs and funding streams, which improves services for clients.

Box 20. Wayne Metro Funding Sources

Federal

- U.S. Department of Agriculture: Summer Food Service Program
- U.S. Department of Education: Afterschool and summer programs
- U.S. Department of Health and Human Services: Child and Family Services Plan, Community Services Block Grant, Head Start, Low Income Home Emergency Assistance Program, Low Income Household Water Assistance Program
- U.S. Department of Housing and Urban Development: Emergency Solutions Grant Program, Family Self-Sufficiency Program, Home Funds, Resident opportunity funds
- U.S. Department of Homeland Security: Federal Emergency Management Agency Emergency Food and Shelter Program
- U.S. Department of Treasury: Coronavirus Relief Fund, COVID Emergency Rental Assistance

Non-federal

- Great Start Readiness Program
- Water Residential Assistance Program (WRAP)

Foundation

- United Way
- Balmer Foundation
- W.K. Kellogg Foundation
- Kresge Foundation and more

In 2018, Wayne Metro began developing the universal application to reach clients who were unable to visit offices during business hours. Wayne Metro staff developed the online application for one service and began testing it, using the Community Services Block Grant and other foundation funding to support the data team and to invest in developing the universal application. Wayne Metro planned to launch the application later in 2020 but sped up its timeline when the COVID-19 pandemic hit in March 2020. To speed up the timeline, Wayne Metro used the Coronavirus Aid, Relief, and Economic Security Act funding to implement the universal application. CARES funding also is flexible, which allowed Wayne Metro to implement the online application so clients could apply for multiple services funded by the CARES Act.

D.   Reflections on Centralization of Services

Wayne Metro centralizes its services internally and co-locates with partner organizations to connect clients with its services.

BENEFITS OF CENTRALIZING SERVICES

Wayne Metro staff described how centralizing services as a Community Action Agency makes eligibility determination quicker and accessing services easier for clients and offers both clients and staff efficiencies.

- **Making access easy.** Wayne Metro's approach to centralization gives clients simultaneous access to multiple supports. Focus group participants appreciated how Wayne Metro could connect them with multiple services at one time. All focus group participants received or were aware of a variety of services through multiple programs offered by Wayne Metro. Staff said that they wanted clients to come to them with their needs and that they trusted other Wayne Metro staff to help clients because they all had the same passion to help clients. All staff reported that they referred clients to multiple services and that clients in their programs often accessed other Wayne Metro programs. According to one of Wayne Metro's funders, connecting clients to multiple services led to strong, trusting relationships with clients whereby clients felt comfortable coming back to Wayne Metro for additional services.

- **Streamlining eligibility determination.** Having the Connect Center where clients can access information about all the programs available through Wayne Metro helps the organization share information with clients and process the diverse needs of clients and connect them to the various services they need. The universal application also facilitates access for clients and reduces the burden of completing multiple applications. The universal application eliminates the need to submit required documents for each program separately. Changes to federal requirements on the data and documents needed from clients removed barriers to accessing services for clients, as well. Staff said this change in required documentation helps clients

> They fulfilled everything that I needed to know and offered more services if I needed them . . . When I did finally get a job, they helped me with gas vouchers so I can get to and from work. They helped me for quite a bit when my car broke down. They fixed the car. Yeah, and I was able to get ahead.
>
> - Client

quickly access services provided by Wayne Metro and with the lowest burden possible because they are not required to submit separate documentation for each service they access.

- **Developing infrastructure to quickly implement new services.** Centralizing services and meeting multiple needs is attractive to funders, according to staff. They noted that centralizing services has helped Wayne Metro obtain additional funding because it can use data to show how many additional services clients access. For example, Wayne Metro was able to add property tax assistance services because leaders in the community knew Wayne Metro had the capacity to assess clients' eligibility for the program while connecting clients to additional supportive services.

- **Realizing efficiencies through centralization.** The universal application and the data system have also made Wayne Metro more efficient because they allow staff to process applications faster. Staff estimated that an application that would have taken at least one hour to process before the universal application now takes around 20 minutes. The universal application also helped Wayne Metro access future funding. Using data, Wayne Metro staff can illustrate how their organization can provide families with services that meet a wide range of needs by showing the number of clients who accessed additional services and which services they accessed. Staff reported experiencing several different types of efficiencies through centralization, including the following.
    - o **Client efficiencies.** Clients experience shorter wait times to receive services.
    - o **Operational efficiencies.** Applications processing is more efficient, resulting in a reduction in teams and staff involved.
    - o **Program efficiencies.** Staff catch errors in the applications sooner.
    - o **Financial efficiencies.** Fewer staff are needed to process applications.
    - o **Data efficiencies.** Clients can easily access additional services without completing the application again or resubmitting documents.

CHALLENGES OF CENTRALIZING SERVICES

Wayne Metro staff reported that key challenges include staying on top of the changing number of services provided and adopting a different approach to client engagement.

- **Staying informed about a wide range of services and programs.** Keeping staff and clients up-to-date on the various programs offered by Wayne Metro can be difficult. To address this challenge, staff have developed internal resources to keep themselves informed about new programs. Wayne Metro staff said they often refer clients to the Connect Center because Connect Center staff had the most up-to-date information about available services.

- **Building staff buy-in.** Another challenge involved building buy-in among staff for the whole family model. Leadership reported that they promoted staff members who were more receptive to this model but may have been in their roles for less time than usual before promotion. They also reported that transitioning their approach to providing services from exclusively program focused to a

Pictured: Wayne Metro hallway sharing the experiences of former clients

whole family model could be difficult for long-serving staff. Lessons learned and plans for the future regarding centralized services

Wayne Metro leadership said the shift to the whole family model has changed how staff approach providing services. The emphasis moved from providing a single service to understanding the family's goals and how Wayne Metro could address all of the family's needs. An essential element of the whole family approach is to ensure that staff buy into the model and have the training to understand all the services available through Wayne Metro. Because program staff at Wayne Metro provide training to other staff members about the various services available and clients can access multiple services through the universal application, Wayne Metro's approach to centralized services facilitated implementing a whole family model. In addition, Wayne Metro staff said they need flexible funding to address the whole family's needs as they arise. Wayne Metro uses its flexible funding sources, such as the Community Services Block Grant funding, to fill gaps in services and extend services to neighborhoods that may be ineligible for particular services.

> An organization needs to be able to acknowledge when they are not doing well, make changes to improve, and be willing to make difficult staffing decisions to support that type of culture shift.
>
> - Staff member

Wayne Metro staff emphasized the importance of quickly connecting clients with services. The Connect Center is an essential feature of their centralized service delivery model that helps clients access a variety of services, according to staff. Wayne Metro staff also said that helping clients access multiple services helps develop trust with clients and, over time, clients feel comfortable coming back to Wayne Metro for additional services.

Wayne Metro plans to continue improving its processes to support clients' and staff's experiences. Staff plan to apply continuous learning principles to iterate and improve processes and tools and to use data to make informed decisions about the number of staff supporting a team or process.

Chapter 7: Findings

The literature review and qualitative data collection with CCRCs provide both broad and in-depth perspectives on the advantages, disadvantages, and costs of centralizing services in a single physical location. This chapter synthesizes the findings from the literature review and qualitative data. Boxes 22 through 27 highlight the practices the CCRCs use in their centralization approaches.

A. Features of Centralized Service Delivery

The literature review identified approaches for centralized service delivery ranging from co-location in a single physical location; centralizing through a single staff person; linking individuals, children, and families to services through specific initial services; and coordinating services through technology.

The CCRCs visited use different elements of these approaches. Wayne Metro centralizes through staff roles and training, physical co-location, and virtual centralization through its call center and universal application. Neighborhood Place focuses on physical co-location and sharing client information to streamline intake and service provision, without consolidating functions, funding, or data across agencies. Blackfeet Manpower centralizes through physical co-location and blended funding; it also was in the process of cross-training staff to centralize their roles and client intake at the time of the visit. Exhibit 12 shows the features of centralization that the CCRCs use to provide services.

Exhibit 12. Centralization Features across CCRCs

FEATURES	BLACKFEET MANPOWER	NEIGHBORHOOD PLACE	WAYNE METRO
Shared Mission/Vision	●	●	●
Universal Application	●		●
Central Intake	●	●	●
Warm Handoffs		●	●
Data Release Form	●	●	
Shared Data System	●		●
Braided Funding	●		●
Blended Funding	●		

CENTRALIZATION APPROACHES OF THE THREE CCRCS

Using the conceptual framework described in Chapter 1, we approximated the level of centralization of several key features for each CCRC visited. As noted earlier, these assessments do not reflect a value judgment (i.e., a higher level is not "better" than a lower level) nor do the depicted levels imply that CCRCs are earlier or later in their centralization journeys. CCRCs' levels of centralization may be strategic and intentional, even if they are not at the level of centralization associated with the highest number. When discussing centralization approaches that occur under a single agency, such as Wayne Metro and Blackfeet Manpower, we use these levels to describe how the CCRCs centralize functions, services, and funding within the overall agency. Exhibit 13 shows where each CCRC visited falls for each key feature, with the numbered levels in parentheses within each text box.

Exhibit 13. Approximate Levels of Centralization on Key Features for CCRCs Visited

Mission and Vision

BM: Shared mission/vision across programs and funding streams. (3)

NP: Shared mission and vision across all partner agencies. (3)

WM: Shared mission/vision across programs and funding streams. (3)

1 – Communications and Cooperation	2 – Coordination and Collaboration	3 – Convergence and Consolidation

Data Sharing

BM: Shared data system with distinct modules. Staff have view-only access to other programs, but data are not fully integrated. (2.5)

NP: Agencies share information using the Release of Information and track outcomes using a shared performance management tool. (2)

WM: There is a shared data system across most programs. (3)

Funding

1	2	3

BM: 477 funding is blended; other funding is tracked separately by program. (2.5)

NP: Agencies' funding is kept separate and minimal costs of centralization are distributed across agencies' individual budgets. (1)

WM: Most funding sources are not flexible, though the certain funding streams allow flexibility to allocate funds where needed. (2)

Staffing and Case Mgmt.

1	2	3

BM: Staff funded by distinct funding streams collaborate to serve clients. They are in the process of cross-training all staff. (2.5)

NP: Staff provide services for the agency that employs them but engage collaboratively with partner staff (e.g., warm handoffs). (2)

WM: Intake staff work across different funding streams and programs and can refer clients to program-specific staff. (2.5)

1	2	3

Key | BM: Blackfeet Manpower One Stop | NP: Neighborhood Place | WM: Wayne Metro Community Action Agency

Mission and vision. All three CCRCs have a common mission and vision across their partners, services, or both. Each CCRC emphasized the importance of ensuring that staff and leadership agree on a common mission.

Data sharing. All three CCRCs described the importance of sharing client information to reduce time clients and staff spend on applications and to understand clients' needs. Neighborhood Place focuses on coordination through its ROI form, while Wayne Metro collects data from clients in a single system that staff use to determine eligibility and track participation for multiple programs. Blackfeet Manpower is in the middle, with some data shared in a system with distinct modules by program and other service data housed separately.

Funding. The CCRCs use a range of funding approaches, all of which support centralization. Neighborhood Place partners keep separate budgets, which staff feel insulates them from changes to budgets or funding priorities. Wayne Metro braids funding, consolidating funding streams to support centralization, while Blackfeet Manpower uses blended 477 funds and braids other funding streams to support its centralized approach.

Staffing and case management. The three CCRCs use different approaches to staffing and case management, though all train staff on the range of services the CCRC provides. Neighborhood Place emphasizes warm handoffs and communication among staff members from different agencies, while Blackfeet Manpower is in the process of cross-training staff so they can provide services irrespective of funding streams. Similarly, Wayne Metro has cross-program intake and refers clients to program-specific staff, as needed.

RESPONDING TO COMMUNITY NEEDS

This study explored why providers decided to centralize their services and how centralization approaches, challenges, and experiences may vary for programs operating in diverse contexts, providing different services for different communities. Through our qualitative data collection, we found that all three CCRCs developed their service approach because physically co-locating services could address specific needs or challenges that their communities faced. The types of services they provide, or funding streams they use, also inform their centralized approach. Through these ties to their communities and expansion of services to fill service gaps, the three CCRCs developed trusting relationships with the clients they serve by developing their services in partnership with their clients and by addressing individuals' and families' needs.

Central motivations for centralizing services include meeting specific client and community needs, increasing access to services, and improving client outcomes. The literature and qualitative data collection identified a range of motivations for centralization (Pruett & Cornett, 2017; Williams-Boyd, 2010; Sommer et al., 2018; Burt et al., 2010; Barbee & Antle, 2011; U.S. GAO, 2011; Cortes et al., 2012; Ellerbe et al., 2011; Farrell et al., 2021). For Neighborhood Place, specific needs in local communities (i.e., truancy and dropouts) in the face of transportation barriers was a central motivating factor for bringing together educational and human services in a single physical location within each community. Wayne Metro shifted from providing a range of different services in a relatively dispersed way to a single focused system for intake, centralized staff roles and data, and virtual access to ensure efficient and remote access to services, which accelerated during the pandemic. Blackfeet Manpower organically expanded services it provides in a central location to address client needs that staff observed emerging in the community. In addition, as a Tribal organization where both staff and clients are members of the Blackfeet Nation, Blackfeet Manpower provides services rooted in Native traditions and culture.

> **Box 22. Highlights from the Field: Community Engagement and Providing Equitable and Culturally Responsive Services**
>
> All three CCRCs engage their communities and ensure their services respond to the unique context and cultures of their clients. At **Neighborhood Place**, the Community Councils associated with each location ensure community representation and voice in the services that Neighborhood Place provides. They also advocate for Neighborhood Place, serving as the community voice in speaking to the value of Neighborhood Place. **Wayne Metro** engages Regional Advisory Boards, which include community advocates and clients, that collect and share information about community needs to ensure that Wayne Metro's services are tailored to specific communities. Wayne Metro also prioritizes hiring staff who are members of, or share characteristics with, the clients in the communities it serves and seeks client feedback regularly through surveys. **Blackfeet Manpower** works closely with the Tribal Council, which has authority over all Tribal services provided. The Tribal Council identifies community needs through its broad oversight and engagement with the Tribe and shares this information with Blackfeet Manpower to inform service provision.

Because the CCRCs visited developed their centralized approaches to meet client and community needs, elements of their individual approaches to centralization reflect these motivations. However, factors other than community needs also influence these approaches. For example, ensuring clients can make informed decisions about sharing their data and stringent data sharing rules mean that establishing data sharing practices among partners can be resource intensive. Neighborhood Place developed its ROI form to address this confidentiality, by providing clear information to clients about who will use their data and avoiding the need for developing an integrated data system across partners. Further exploration of different CCRCs could yield information on a wider range of motivations and how they relate to centralized models or approaches.

The three CCRCs emphasized the importance of engaging their communities and ensuring their approaches prioritize community member priorities and needs over discrete services or programs. The CCRCs' community engagement approaches ranged from formal structures to ensure they understand and prioritize community member interests and needs, in the form of the Community Councils at Neighborhood Place and the Advisory Boards at Wayne Metro, to hiring staff from the community and among former clients at Blackfeet Manpower. Blackfeet Manpower's connection to the Tribal Council, as well as involvement in groups such as the Community Management Team, which brings together service providers from across the Blackfeet Reservation,

ensures that Blackfeet Manpower is strongly connected to and informed about the range of goals and needs of the Tribal members and local population.

Beyond practices for community engagement, the three CCRCs developed centralized approaches that center the individual clients and families they serve, rather than focusing on a service or program that may not provide the full range supports that a client may need. Focusing on the client or family recognizes different client experiences, backgrounds, strengths, and goals as well as systematic or historical disparities that may contribute to their need for services, leading to more equitable service delivery.

VIRTUAL SERVICES

The VOCS study explored virtual services and applications that complemented physically centralized services. The literature review and qualitative data collection examined how CCRCs implemented virtual services and how staff and clients experience these services, especially compared with in-person services. The CCRCs visited took different approaches to virtual services.

Virtual services that centralized functions, such as applications, or complemented physical co-location expanded during the COVID-19 pandemic. The literature review and qualitative data collection found that providers expanded virtual applications and service provision, including some provision of remote or virtual services for the first time, during the COVID-19 pandemic (Martinson & Scrivener, 2021; APHSA, 2021). Through our qualitative data collection, we learned that clients of CCRCs also increased their use of virtual applications and services during the pandemic (discussed further below).

> Box 23. Highlights from the Field: Virtual Services
>
> **Wayne Metro** and **Blackfeet Manpower** offer a universal application online, which allows clients to apply for multiple services without having to visit an office. All three sites also provide access points over the phone. Wayne Metro conducts intake through a call center, which streamlines the application process. Blackfeet Manpower and **Neighborhood Place** started conducting eligibility screening over the phone, as well, during the COVID-19 pandemic.

Virtual services and applications that are centralized or that complement physically co-located services can increase access for some clients, and did so especially during the COVID-19 pandemic, but other clients face barriers with technology and connectivity, reinforcing the importance of centralizing services in person. The

> "I prefer to go in person, 'cause the workers there get to know you. They get to know your case. They know what your situation is, and they can cross reference other organizations with other services based on what your needs are. They can analyze that and say well, "you need to call so-and-so."
>
> - Client

literature found little documentation of the use of virtual services, though it identified articles that discussed centralized web-based systems (Thomas & Kauff, 2011) and how these systems can reduce duplication of staff efforts (BLH Technologies & ICF International, 2014). Wayne Metro, which developed a robust system for centralizing virtual applications and services, found that the online universal application increased client access and created efficiencies in processing applications. On the other hand, all three CCRCs noted that lack of technology or broadband internet can be a barrier for some clients in accessing virtual applications or services, so in-person services are still necessary for these clients to experience

the benefits of accessing services in one place. Neighborhood Place and Blackfeet Manpower noted that such is the case for many of their clients. In addition, accessing services in-person helps create connections between staff and clients, especially because staff can connect clients with additional services on the spot.

EXPERIENCE DURING THE COVID-19 PANDEMIC

This study launched in fall 2020, about eight months after the first COVID-19 public health emergency was declared. By the time the site visits occurred in spring 2022, CCRCs had spent nearly two years responding to needs in the community caused by COVID-19 and adapting to the limitations on in-person services imposed by the pandemic.

All CCRCs had to adapt to providing critical services to clients during the COVID-19 pandemic, using approaches that maintained their ability to connect clients with multiple services and were also accessible to clients. Blackfeet Manpower and Neighborhood Place instituted drop boxes for hardcopy applications when their offices were closed. Some clients experienced technology or connectivity barriers or both that made using virtual services or applications difficult for them, so having physical drop boxes available was important for accessing services. Wayne Metro accelerated the development of its call center and universal application to expand access points for clients who were unable or preferred not to travel to an office.

CCRCs reduced co-location with some partners during the COVID-19 pandemic. With fewer staff in the office and social distancing measures in place, fewer opportunities existed for external partners to co-locate in Wayne Metro offices. Neighborhood Place also reduced co-location of some programs at selected locations during the pandemic.

Organizations with ties to their communities and existing infrastructure for connecting clients to multiple services are critical in ensuring emergency aid is disbursed to individuals and families who need it. All CCRCs served as conduits for Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to their communities. They could respond quickly to this need because of the trust they had built with their clients and communities, their established access points for clients and service delivery infrastructure, and their ability to connect clients to additional services quickly.

Staff at one CCRC noted that COVID-19 exacerbated existing challenges with fatigue and low pay for direct services staff. For approaches that rely on staff expertise and a commitment to providing a range of services that an individual or family might need, staff burnout and low wages are especially acute challenges.

Moving forward, CCRCs differ in how they plan to deliver services after the experience of COVID-19 physical distancing measures. Neighborhood Place and Blackfeet Manpower aim to resume in-person services as much as possible, and Wayne Metro will continue to use the virtual approaches it developed to respond to client access needs during the pandemic, in addition to resuming in-person services.

B.   Benefits and Challenges of Centralization

This section describes benefits and challenges related to centralization.

BENEFITS

The site visits and literature surfaced benefits to centralized services, especially around access to services, staff support, and allocation of resources.

Access to Services

Understanding the relationship between centralizing services and clients' access to services is a central focus of the project. The literature review and site visits revealed that centralizing services can improve access to services, both services that clients actively seek and those of which they may be unaware.

Centralizing services can increase access for clients. The literature review found that clients may be able to access services more quickly through a centralized approach (Bunger et al., 2020; Cohen, 2010; Cortes et al., 2012; Ellerbe et al., 2011; ICF International, 2016; U.S. GAO, 2011). Clients at all three CCRCs described how centralizing services in a single location helped them identify and receive services for which they may not have been aware they were eligible in addition to the services they originally sought. Clients consistently reported that they appreciated being able to access multiple services in one place within their communities. This benefit is especially important for individuals living in areas of concentrated poverty or with few social services, especially in communities of color that have experienced systemic racism and segregation. Individuals in these communities may be reluctant or unable to travel to receive services, so accessing multiple services in a single location within their community can help address these barriers and contributes to more equitable access to services. In addition, CCRCs who currently cross-train or are in the process of cross-training staff (Wayne Metro and Blackfeet Manpower, respectively) reported that cross-trained staff can identify quickly other programs or services for which a client may be eligible. Sharing client data, whether through centralized data systems at Wayne Metro and Blackfeet Manpower or through infrastructure to share information such as ROI forms at Neighborhood Place, also supports quickly identifying additional services for clients.

> Box 24. Highlights from the Field: Client Flow
>
> Clients can access **Wayne Metro** services through the Connect Center and the universal application, which allows for a streamlined intake process and reduces paperwork. Similarly, **Blackfeet Manpower** recently established a universal application for all services, which clients can complete online or submit in person. At **Neighborhood Place**, staff across agencies conduct a common assessment that helps staff identify additional services for clients and connect them with partner staff.

> " I needed to have services before my unemployment got started, and when I went there, everybody was very courteous and they were able to take care of all my needs in one place.
>
> - Client

Other factors, such as long wait times to meet with staff and hours of operation that do not align with clients' schedules, can remain barriers to receiving services at CCRCs. In addition, clients identified lack of child care and transportation as barriers to receiving services that are not necessarily addressed by centralization. The CCRCs visited had developed strategies to address some of these challenges (e.g., streamlining application processes to reduce processing time, developing virtual options to accommodate schedules and reduce wait times for clients who can connect virtually, locating centers in multiple communities and near public transportation lines). However, centralization does not address all barriers to access and CCRCs continue to explore ways to remove barriers to receiving services for clients through providing additional supports, such as access to computers, and adjusting their service flow to increase efficiency.

Staff respondents felt that centralizing services allowed them to more comprehensively address client needs than they would have been able to do otherwise. Both Wayne Metro and Neighborhood Place staff said they could serve clients more holistically using a centralized approach. Co-location in a single physical location helped serve clients when staff had questions because they could seek assistance from their colleagues. A client voiced how this approach helps her, as well: "If [program staff] don't have the right answer, they'll find it."

Relationships with Communities

All three CCRCs developed strong relationships and established trust with their community members, which contributes to clients turning to the CCRCs when they need services. Clients at multiple CCRCs expressed that they view the CCRCs as a resource that could assist them with multiple services and that they feel comfortable seeking assistance there. They described how they came to the program because they knew of the organization's involvement in the community, and they said the staff treated them with respect and dignity. Some clients said that having one place where they knew they could receive assistance for a range of needs contributed to a sense of trust, safety, and community.

> [Staff] didn't make me feel embarrassed about being on the program. They're just helping me out.
>
> - Client

Allocation of Resources

Understanding how centralized services can affect the allocation of resources was a priority for this study, as Congress articulated in its directive to ACF. We found that centralizing services requires up-front investment, both in terms of time and resources, but can lead to efficiencies for staff, clients, and agencies.

Findings from the site visits and literature review suggest that centralizing services can result in a more efficient allocation of resources. Although the literature review did not find studies that estimated the financial cost or savings of centralizing services, it identified areas of predicted savings because of efficiencies of centralization, such as more efficient service delivery and streamlined staff roles (Anderson et al., 2019; Barbee & Antle, 2011; Sommer et al., 2018; U.S. GAO, 2011). Respondents from the CCRCs also provided insight into how centralizing services can create efficiencies and affect agencies' finances.

> We are all focused on assisting that client and we can all communicate without miscommunication. We can all see the same data system and we can see what is going on with that client. Can't remember a client that has fallen through the cracks.
>
> -Staff Member

- Staff and clients across CCRCs reported that centralizing services created efficiencies for clients in that they do not have to visit multiple offices, saving them money (e.g., for transportation) and time. They also found that centralizing functions, such as applications and eligibility, can reduce wait times for clients and application processing time for staff.
- Blackfeet Manpower's blended funding approach saved staff time and resources that would otherwise have been spent tracking and reporting funds from different streams.

- Staff members from Neighborhood Place and Wayne Metro also noted that centralizing services can help secure funding because centralization appeals to funders reviewing grant applications. For Wayne Metro, data from its centralized system demonstrates to funders how clients access an array of services.

Though centralizing services creates cost and operational efficiencies, it also requires up-front investment. CCRCs identified the importance of initial investment to achieve these efficiencies; for example, Wayne Metro described that although investing in a data system takes time and money, that system will ultimately reduce application processing time and increase accuracy, reducing costs related to correcting errors. Neighborhood Place makes up-front investments to build out new locations, after which agencies contribute the same funding they would need to provide services in another location. Though Neighborhood Place locations are strategically adjacent to schools to leverage existing resources, partners use funding sources such as city bonds to cover larger initial investment in the space.

CHALLENGES

The literature review and qualitative data collection identified challenges related to staffing, data sharing, and space.

Staffing

Site staff identified a few key challenges related to staffing.

Ensuring staff buy into centralization and addressing all client needs, rather than focusing on a specific service, could be a challenge. This shift in mindset can be especially challenging for staff who have provided services in a non-centralized way for a long time. It could also be challenging for staff working across partner agencies, such as at Neighborhood Place, to buy into a shared overall approach and mission. It can be more challenging to gain buy-in from staff who work for distinct agencies with different missions than for staff within a single provider organization.

Wayne Metro has cross-trained intake staff so they can conduct eligibility and connect clients to a wide array of services. Although this approach takes intensive training, it creates more efficiencies for clients and allows flexibility for staff. Blackfeet Manpower is in the process of moving toward a cross-trained model where staff can work with clients interested in any service, instead of each service having specific staff. At Neighborhood Place, in contrast, staff remain focused on their specific programs but receive training and build relationships with other staff members to facilitate warm handoffs.

Ensuring adequate training is a challenge. Staff must be familiar with the requirements and processes of multiple programs, especially if they are conducting intake or eligibility screening across a range of programs. Even in approaches that rely on referrals between organizations rather than on cross-trained staff, staff must have a base level of knowledge to connect clients with other services.

When investment in staff for buy-in and training is considerable, staff turnover is a particularly acute challenge. Providing centralized services requires ongoing staff training on the different services available to clients, which is a considerable investment. High staff turnover requires agencies to continually recruit and train new staff to provide services using this approach.

The literature review found that service and staff capacity could limit clients' ability to access services, if providers do not have the capacity to serve the larger number of clients seeking services that may result from centralization (Cortes et al., 2012; Burt, 2010). Although the CCRCs visited did not identify limitations in service availability or capacity because of increased demand from centralization, they found that ensuring staff are trained and informed of all services or programs offered, especially with staff turnover, is an ongoing challenge.

Data Sharing

Sharing client data among partners and programs helps providers connect clients to an array of services for which they are eligible; in doing so, sharing this data reduces client and staff burden. It also ensures a person-focused approach to service delivery by providing a holistic picture of clients' characteristics and service participation. However, making data sharing work in practice while ensuring robust privacy protections and following clear consent procedures for clients can be a challenge. Site staff shared the following challenges with sharing data.

A lack of coordination between programs' or services' data systems can lead to duplicated efforts by staff or clients. Neighborhood Place, which does not have a centralized data system, identified this lack of coordination as an ongoing challenge, as did Wayne Metro for the programs not included in its centralized system.

Although centralized data systems can reduce duplication of information provision by clients and data entry by staff, errors in data entry in a centralized system can create ongoing data challenges. An error entered once into the system is then replicated throughout the system for that client, potentially leading to more errors downstream.

Client privacy and legal issues add additional considerations to sharing data among partners. Although agencies recognize the benefit of sharing data, strict security measures are in place to ensure clients' consent to share data and client privacy. These considerations are important, and following robust procedures can present barriers to sharing data across programs. This finding also emerged in the literature review (Horn, 2015).

> ### Box 27. Highlights from the Field: Data
>
> In a centralized service approach, staff can better serve clients and connect them to other services if they have access to information on clients' needs and eligibility. Data sharing also reduces the number of times clients must provide the same information when seeking services. **Wayne Metro** and **Blackfeet Manpower** both use data systems that bring together client information in a single location, enabling staff from different programs to view relevant information. For **Neighborhood Place**, creating a shared system was not an option because of organizational and legal barriers to creating a shared system across distinct agencies. Instead, they developed an ROI form that clients sign, allowing staff from different agencies to share client information, which creates efficiencies for both clients and staff.

Physical Space

Neighborhood Place and Blackfeet Manpower identified limitations on physical space as a barrier. Staff described tradeoffs between expanding service reach and maintaining co-location in a single location. Blackfeet Manpower expanded and outgrew its original space, while Neighborhood Place found that small or crowded offices can make discussing sensitive topics privately with clients more difficult. Limited physical space can make co-locating with additional services to meet community members' evolving needs difficult because adding staff and providing new services may require office or meeting space or both. As spaces become more crowded when adding new partners, identifying private locations for meetings between staff and clients can be more difficult.

FACTORS THAT FACILITATE CENTRALIZATION

The qualitative data collection and literature review identified factors that can lead to increased centralization. Exhibit 14 shows factors that facilitate centralization gleaned during the site visits. Although these factors can facilitate centralization, they may also result from centralization; for example, while existing data sharing practices can support a move toward centralization, physical co-location or centralization of other features can also spur agencies to develop more robust data sharing practices. We discussed challenges to centralization in the Challenges subsection.

As described in Chapter 3, even with facilitators, some programs choose to centralize only certain functions or features. Neighborhood Place is a concrete example of intentionally limited centralization; it uses physical co-location to provide services to clients but intentionally keeps other functions, such as funding and case management, distinct.

Exhibit 14. Factors That Facilitate Centralization

Blended funding	While programs developed different ways to use funding to cover centralized services, being able to combine funding streams without tracking them separately helped Blackfeet Manpower move toward a more centralized model, with less time spent on tracking and reporting.
Buy-in from staff and partners	CCRCs reported that having buy-in from staff and partners and developing what Wayne Metro staff called "a culture of integration" was essential to moving toward a centralized approach. Staying informed of different programs, assisting clients with a wider range of services, and shifting the outlook toward addressing a range of client needs requires commitment from staff, at all levels within an organization, and external partners.
Data sharing	Robust data sharing practices help providers centralize services. Sharing information reduces the number of times clients must provide information and the number of staff members who must collect this information while also enabling staff to identify up-front the additional services for which a client may be eligible.
Connections to Community	Providers involved with CCRCs have developed deep relationships and partnerships in their communities. Over time, as CCRCs expand and adapt the services they offer to meet community needs, they have become integrated into the service landscape in each locality. As the CCRCs provide needed services to community members, including services for which community members may not have realized they were eligible, community members trust that the CCRC is there to help them and treat them with respect. The CCRCs then developed positive reputations with community partners.

In addition to the facilitators in Exhibit 14, the literature review found that alignment of factors, such as identifying physical space and forming partnerships, is itself a facilitator for centralization (U.S. GAO, 2011; Cortes et al., 2012). However, timing this alignment can be challenging. Wayne Metro shared a positive experience that allowed for quick centralization and growth: it had begun to develop its universal application before the COVID-19 pandemic and was positioned to use CARES Act funding to complete this process, allowing them to launch during the pandemic so clients could access services remotely. Alternatively, centralization can be the product of organic growth to meet evolving needs of clients as opportunities become available, as was the case for Blackfeet Manpower.

LESSONS LEARNED AND ADVICE

While onsite, we asked staff members what they have learned from their experiences and what advice they would share with other organizations.

- **Staff at all three CCRCs emphasized the importance of beginning the process for centralization and continuously improving services and approach as time passes.** Programs have found waiting for alignment of all components, such as data sharing or cross-training, before centralizing can be a challenge, and they recommended starting to centralize certain functions and "tweaking" to improve services. As one staff person said, "Build the plane while you fly it."
- **Staff at all three CCRCs said that training staff and cultivating a collaborative environment is important to success.** Staff are an essential component of service

provision, especially in a centralized approach. Ensuring staff are supported and informed, as well as committed to working together across programs, agencies, or both to address client needs, can pose a challenge but is foundational to centralization.

- **CCRC staff advised that it is important for provider staff and leadership to be prepared for a shift toward integration and addressing a range of needs that a family or individual might have, rather than asking staff to focus on a single service or program.** CCRCs emphasize that ensuring buy-in at all levels for focusing more holistically on what clients might need is critical for centralizing services. This preparation could include ensuring that staff understand the changes, why the organization is shifting toward centralization, and what those changes mean for their work and clients.

> " If you have a Neighborhood Place, you gotta have neighborhood people.
>
> -Staff member

- **CCRCs found that seeking input from the community and ensuring connections to the community and clients served are essential.** All three CCRCs have deep ties to their communities, which informed the package of services offered and ensured the approach to centralization would address community members' needs. Ensuring community input and connection might include creating formal structures, such as Neighborhood Place's Community Councils, and integrating the programs into the communities. Creating these connections and responding to community needs builds trust among clients. Clients articulated that they are likely to seek services at the organizations they trust, which then helps improve their access to services. Clients who trust an organization to provide services may also refer other community members to the CCRC, thereby expanding access within the community.

Chapter 8. Looking Forward

We conclude this report with opportunities for future research. The literature review and qualitative data collection with CCRCs highlight the following areas for future research that can expand the field's understanding of centralized service provision.

- **Exploration of structural barriers that individuals and families with low income face.** The VOCS study explored how CCRCs provide centralized services and how families and individuals with low income experience them. It did not comprehensively examine how services can address barriers that families face in accessing and receiving services related to structural and systemic factors, such as racism and segregation, economic disadvantage, geographical and transportation challenges, disparities in education and opportunity, and the root causes of these barriers. This next step would be important for understanding how centralized community resource centers can go further in supporting families.

- **Perspectives from individuals with lived experience.** Further opportunities to gather perspectives from clients, as well as further exploration of how centralized service providers incorporate client perspective into their approach and service delivery, could inform other centralization efforts. This study included valuable perspectives from clients on their experiences with centralized services through focus groups at the three CCRCs visited. Future opportunities could include responses from clients of a broader range of programs, as well as an explicit focus on clients who may have accessed non-centralized services or who have faced barriers to accessing centralized services to understand the differences in their experiences.

- **How centralizing services relates to long-term client outcomes.** As noted in the literature review, few studies have examined how centralizing services in itself can impact long-term client outcomes. Estimating the impact of centralization may be challenging from a methodological standpoint but could provide insights into how these approaches help clients achieve goals related to well-being, health, and self-sufficiency. Additional research could explore what client outcomes are most meaningful to measure and could explore opportunities to examine these long-term outcomes. Although CCRCs often collect data on client outcomes, many providers face limitations in capacity and funding for exploring clients' experiences over a long time horizon.

- **Cost analyses.** This study did not include cost analyses, so an in-depth analysis of the costs and savings associated with centralized service approaches could provide insight into what efficiencies might result, at what point in a centralization effort costs and savings may accrue, and which parties bear these costs and benefit from savings. In particular, understanding how clients may experience benefits from centralized services would be important. As the literature review noted, costs and savings associated with centralization may be difficult to quantify.

- **A broader scan of approaches that can be replicated and documented for other practitioners, as well as how different motivations to centralize or specific contexts can result in different approaches to centralization.** In-depth exploration of additional centralization approaches can yield more findings for practitioners, particularly how these different approaches developed or operate in diverse contexts and communities. For example, including programs that serve different populations (e.g., immigrants, refugees, or both), are funded through different funding streams (e.g., non-ACF programs), or are in different geographic locations (e.g., more rural, urban, or suburban programs; programs in specific geographic or cultural contexts) could highlight different motivations and approaches. Further, understanding how different populations or communities may benefit

from or engage with different centralized service approaches could inform thinking on how to serve specific populations more equitably. Although the VOCS study contributed to this understanding, many communities and populations were not included in the qualitative data collection.

In addition, although extensive research has been conducted on service provision during the COVID-19 pandemic, this study's data collection occurred when providers were considering what they learned during the pandemic and implications for future centralization efforts. Further exploration of how the pandemic influenced centralized service delivery can inform providers' planning and adaptations to crises.

Appendices

A.   Literature Review Annotated Bibliography

To help frame the VOCS literature review, we identified four research studies conducted between 2011 and 2021 that also examined different characteristics of and approaches to centralization, including

- Integrated Approaches to Supporting Child Development and Improving Family Economic Security;
- Work Participation and Temporary Assistance for Needy Families (TANF)/Workforce Investment Act (WIA) Coordination;
- Assessing Models of Coordinated Services for Low-Income Children and Their Families (AMCS); and
- Institutional Analysis of American Job Centers (AJCs).

These studies, including their conceptual frameworks, serve as a foundation for understanding approaches to coordinate or centralize services and to provide examples of how different initiatives implemented key components such as partnerships with other providers, leveraged funding, and aligned missions and vision to achieve greater service coordination and centralization. We include the following key findings, such as findings from literature reviews included in these studies, and their sources related to centralizing services.

Two-generation initiatives

The Integrated Approaches to Supporting Child Development and Improving Family Economic Security (Integrated Approaches) project examined partnerships and integrated service delivery to support two-generation initiatives, specifically those focused on family economic security and children's development (Sama-Miller et al., 2017; Sama-Miller & Baumgartner, 2017; Ross et al., 2018; Sommer et al., 2017). The project developed a framework illustrating how two providers might partner to deliver two-generation services. At one end of the spectrum, two separate providers cooperate with one another to offer services for a single generation but do not integrate to provide services; at the opposite end of the spectrum, two providers have integrated through collaboration to provide intentional services for children and parents. To develop this framework, Sama-Miller et al. drew on frameworks from the business and public management fields. They validated the framework with input from a panel of experts and interviews with staff and parents at a few initiatives (Keast et al., 2007; Austin & Seitanidi, 2012).

The project included a literature review, which defined the quality and intensity of two-generation initiatives but did not find a research-based definition of intentionality (Chase-Lansdale & Brooks-Gunn, 2014; King et al., 2011). The project team defined intentionality as linking services to meet the needs of both parents and children deliberately. The authors suggested that stakeholders and partnerships could contribute to the intentionality of initiatives because single organizations rarely have the expertise and capacity to serve both parents and children with equal quality and intensity.

The project also included a national scan of initiatives providing two-generation services and field work with a subset of the initiatives included in the scan. Through these activities, authors reported that most initiatives included in the scan originated as child-focused services, most often providing Early Head Start or Head Start. When providing adult-focused services, most initiatives included in the scan provided adult education, job training, or other workforce development services and high school equivalency or postsecondary education. In addition to early education and adult-focused services, about one-half of initiatives included in the scan provided case management. Partnerships

with other organizations were an important facilitator to providing two-generation services and meeting families' needs, especially when services were co-located.

Coordination across TANF and WIA

The Work Participation and TANF/WIA Coordination study explored the supports, strategies, and considerations that influenced coordination across TANF and WIA (Kirby et al., 2015). The study included in-depth site visits to eight states and a review of literature, policies, and providers. The study found that coordination between TANF and WIA state- and local-level staff generally aimed to improve efficiency in service delivery and to increase the effectiveness of the services. Coordination typically occurred if sparked by a change in programming or funding and tended to be short term unless institutionalized; however, coordinating across services with different requirements, missions, and levels of buy-in could be challenging. Coordination occurred on a continuum, with sites exhibiting a range of coordination from base to moderate to high. These levels were based on individual service and provider components, such as administration and management, funding, policies and procedures, mission and knowledge, services for customers, and accountability and performance management (Martinson, 1999; Pindus et al., 2000; Wright & Montiel, 2011).

Coordinated services approaches

The AMCS project looked at approaches that coordinated early childhood education for children from birth to age 5 with family economic security, other health and human services, (e.g., services focused on physical and mental health, dental care, food and nutrition, housing, substance use disorder treatment), or both (Baumgartner et al., 2021). This project conducted a literature synthesis as well as a national scan of models that coordinated services, telephone calls with staff at a sample of initiatives that coordinated services, and virtual site visits with a subset of initiatives. The study found that although the delivery of coordinated services occurred at the local level, state-level support could facilitate coordination. For example, state-level support allowed for blending and braiding of funding streams or aligning of eligibility criteria. Maintaining relationships and communication required both effort and resources from all organizations involved with coordinating services (Hulsey et al., 2015; Ascend, 2016; Gruendel, 2014). Inadequate or reduced funding could prevent the development of services or limit the capacity of a provider or model to serve families (Adams & Gebrekristos, 2018; Center for the Study of Social Policy, 2016; Schumacher, 2013; Quick et al., 2011; Spaulding, 2015; Gruendel, 2014; Miller et al., 2011). Coordination at the federal, state, local, or Tribal levels could streamline coordination of services to families by modifying policy or rules, leveraging funding, and providing funding with guidance and requirements to support coordination (Dropkin & Jauregui, 2015; Hulsey et al., 2015; Center for the Study of Social Policy, 2016; Goodson et al., 2014; Gwaltney et al., 2014).

American Job Centers

An Institutional Analysis of AJCs project documented key administrative and service delivery features of AJCs, based on in-depth site visits to 40 comprehensive AJCs across the country (Brown & Holcomb 2018). Created by the WIA of 1998 and continued under the Workforce Innovation and Opportunity Act (WIOA) in 2014, AJCs bring together key workforce, education, and other partners with the goal of providing comprehensive services to individuals searching for jobs and seeking to build their skills and to employers looking for skilled workers to fill their job openings. WIOA encourages but does not mandate the co-location of all its required partner services. Therefore, considerable variation occurs in the extent of co-location and the mix and level of partner presence at AJCs. Overall, provider administrators and staff interviewed for the study reported that co-location of services promoted resource sharing, increased communication between providers, improved access and delivery of services for customers, and reduced duplication of

services. At the same time, the study found that co-location did not guarantee greater collaboration or improved efficiency. Other factors, such as organizational cultures, philosophies, and goals of different co-located providers, also influenced how much AJC partners coordinated services, even when partners are located in the same space.

Building on these studies, the VOCS literature review casts a wider net with the aim of identifying additional approaches to centralizing services. Whereas those studies were oriented toward examining centralization through the focal lens of pre-specified target populations, services, or systems, this literature review includes any approach that includes multiple programs, services, or benefits provided in a single physical location or accessed virtually. The additional approaches and specific initiatives identified through this review may provide a more comprehensive source of information and examples for policymakers and practitioners interested in exploring ways to support and achieve greater centralization of services for clients.

CONTENT AND ORGANIZATION

The bibliography provides summaries for each article included in this literature review. Table 1 allows for sorting and identifying literature related to the research questions addressed by each article.

Research questions

RQ 1: What is the range of models that have been used to provide centralized social services?

RQ 2: What do we know about the different models used to deliver services centrally?

RQ 2a: What are the key benefits, challenges, and costs?

RQ 3: What is the motivation for centralizing services? How does the impetus for centralization relate to the types or models of centralization?

RQ 4: How are services being coordinated virtually and how does this approach differ from or complement centralized services provided in person?

American Public Human Services Association & Administration for Children and Families. (2021). COVID response project: Lessons learned from state adaptation and federal flexibilities. Arlington, VA. https://www.acf.hhs.gov/media/17677

RQs: RQ 1, RQ 2, RQ 2a, RQ 3, and RQ 4

This brief describes changes that initiatives in 14 states implemented to integrate services and to provide them virtually during the COVID-19 pandemic. For some states, SNAP, TANF, and Medicaid integrated their application processes. Some states also expanded virtual access to services by developing mobile applications or web platforms for participants. Program leaders interviewed for this brief said they overcame the challenges involved in integrating services and providing them virtually by developing cross-agency memoranda of understanding to connect data systems. During interviews, staff also reported increased use of these platforms, likely because participants were no longer required to travel to access services in multiple locations. In addition to developing platforms for participants, the brief explores how providers streamlined internal processes. For example, they reassigned staff to determine eligibility for multiple services instead of determining eligibility for each service individually. Although initiatives expanded access for participants, staff still encountered challenges, such as ensuring participants in rural areas had access to the internet.

Anderson, C. A., Schlegelmilch, A., & Hartman, E. (2019). Wisconsin PROMISE cost-benefit analysis and sustainability framework. Journal of Vocational Rehabilitation, 53(1), 253–261. doi:10.3233/JVR-191043

RQs: RQ 1, RQ 2a, RQ 2c, RQ 3

This article estimates the costs and benefits of providing supportive services to youth receiving Supplemental Security Income (SSI) as they move into employment, based on the Promoting the Readiness of Minors in Supplemental Security Income (Wisconsin PROMISE). Wisconsin leveraged a federal demonstration grant from the U.S. Department of Education and collaborated with the U.S. Department of Health and Human Services, the U.S. Department of Labor, and the U.S. Social Security Administration to implement PROMISE. Wisconsin PROMISE provided employment services to youth receiving SSI and aimed to increase their employment rate. To estimate the costs and benefits of providing supportive services based on PROMISE, the authors analyzed three conditions: sharing a list of services available in the community (using the average costs of federal SSI benefits, the state SSI supplement costs, and Medicaid costs), targeted outreach to eligible youth (including the costs for data sharing, the costs to develop and mail postcards, text messaging, and staff time to support outreach activities), and targeted outreach and case management for eligible youth (including costs for targeted outreach and costs associated with staff for case management such as salary and training). The authors estimated that costs of each condition were, respectively, $24,534.00, $4.82, and $1,438.00 per individual annually; the estimated costs of the last two conditions exclude the costs of SSI and Medicaid assuming that participants who receive outreach or case management will not need to access SSI or Medicaid. In addition, youth who participated in PROMISE and received targeted outreach paired with case management had higher employment rates than youth who received no outreach or case management. The authors used this information to estimate overall savings for federal and state SSI funding and Medicaid. The authors estimated that youth who participated in PROMISE and no longer needed federal and state SSI funding and Medicaid saved more than $1 million in SSI and Medicaid funding.

Barbee, A. P., & Antle, B. (2011). Cost effectiveness of an integrated service delivery model as measured by worker retention. Children and Youth Services Review, 33(9), 1,624–1,629. https://doi.org/10.1016/j.childyouth.2011.04.004

RQs: RQ 1, RQ 2, RQ 2a, RQ 3

This article examines the effects of integrated service delivery models on stress and turnover among child welfare workers. The Neighborhood Place Model (NPM) was an integrated service model developed in Louisville, Kentucky, that offered consolidated child welfare, mental health, education, and family support services convenient to the clients. Program developers created NPM using existing funding sources, with partner agencies donating space, time, and staff to develop new strategies for using the NPM to refer clients. The authors interviewed 34 child care staff: 17 each in the NPM site (Louisville) and the comparison site (another urban area in Kentucky). In contrast with workers at non-NPM sites, workers at the NPM site reported increased familiarity with their clients and neighborhoods, easier access to their clients, and greater confidence in their work. Workers at the NPM site reported providing enhanced services to clients, reduced levels of stress, and reduced levels of turnover among workers. However, workers at the NPM site said there was still room for improvement in the linkage of systems. Specifically, they mentioned that a centralized computer intake system is necessary to consolidate the paperwork clients have to complete.

BLH Technologies & ICF International (2014). Summary of structured calls on TANF service delivery restructuring: Connecticut peer TA request #230. Administration for Children and Families and the Office of Family Assistance. https://peerta.acf.hhs.gov/content/connecticut-peer-ta-request-summary-structured-calls-tanf-service-delivery-restructuring

RQs: RQ 2.a, RQ 3 and RQ 4

This report describes how eight states redesigned their TANF services to improve service delivery, intake process flows, participant engagement, and service coordination with different providers, based on semi-structured calls with Peer Technical Assistance Network staff. The specific changes varied by state. For example, North Carolina developed and used a case management system for TANF and other services, such as SNAP and Medicaid. The system facilitates electronic payments through direct deposit or Electronic Benefits Transfer cards; North Carolina was working on disseminating SNAP benefits through this system. States redesigned their TANF services to adapt to changes in the time limit for qualifying for federal assistance services and in response to legal concerns. The analysis revealed that many states with redesigned TANF services were able to realize efficiencies by improving their business processes. However, these gains were not immediate. For example, Hawaii staff reported the timeliness of SNAP application processing increased from 29 percent to 95 percent three months after the redesign. Generally, states shared that successful implementation of restructured services resulted from observing changes in other states, pilot testing changes in a few locations before rollout, avoiding overreliance on technology, and seeking participant and staff input on changes they wanted to see in the services.

Bunger, A. C., Chuang, E., Girth, A., Lancaster, K. E., Gadel, F., Himmeger, M., Saldana, L., Powell, B. J., & Aarons, G. A. (2020). Establishing cross-systems collaborations for implementation: Protocol for a longitudinal mixed methods study. Implementation Science, 15(55), 1–14. https://doi.org/10.1186/s13012-020-01016-9

RQs: RQ 1, RQ 2a, RQ 3

This article describes strategies the Ohio's Sobriety Treatment and Reducing Trauma (START) intervention used to foster collaboration between child welfare and substance abuse treatment agencies. The START intervention was a child welfare model adopted by the state of Ohio that provided a coordinated pathway to treatment, beginning with screening and ending with a referral to a treatment service. Ohio developed START in response to a rising rate of children being placed in foster care because parents had substance use disorders. Parents participating in START were paired with family peer mentors to connect parents to substance use treatment services and provide support directly to the parents. The intervention emphasized collaboration with local substance use disorder organizations in its framework. The authors used a longitudinal, mixed-methods approach to collect data, including surveys completed by child welfare staff, agency documents, administrative data, partner agreements, and interviews with child welfare stakeholders and substance abuse service providers. Based on county-level administrative data collected through the service portal, START was shown to expedite parents' access to and completion of treatment. It also increased their use of medication for opioid use disorders. Parents who received START services experienced increased likelihood of achieving sobriety, increased likelihood of reunifying with their children, and reduced risk of subsequent maltreatment of their child.

Burt, M. R., Carpenter, J., Hall, S. G., Henderson, K. A., Rog, D. J., Homik, J. A., Denton, A. V., & Moran, G. E. (2010). Strategies for improving homeless people's access to mainstream benefits and

services. U.S. Department of Housing and Urban Development Office of Policy Development and Research. https://www.huduser.gov/portal/publications/strategiesaccessbenefitsservices.pdf

RQs: RQ 1, RQ 2a, RQ 2b, RQ 3

This report examines the strategies cities implemented to adapt to the loss of funding for homelessness services previously provided by the U.S. Department of Housing and Urban Development (HUD). HUD developed the Supportive Housing Program (SHP) to provide funding to communities for benefits and services. However, HUD eliminated the program in 2000. The authors visited seven communities in which they interviewed key providers of housing services and other benefits and services. The authors also conducted a longitudinal study, examining 2000-2006 data from the Substance Abuse and Mental Health Services Administration on seven other communities that participated in the Homeless Families Study. The authors report that sites saw a large increase in service receipt for health insurance, physical health services, and food stamps after SHP ended. Further, they report that communities with well-developed central organizations focused on improving families' access to services were most effective in adapting to this policy change. To adapt to the policy change, some communities place staff in other providers and agencies; some communities co-located services, such as TANF and mental health services, with the local housing provider. For example, one community leveraged a Community Development Block Grant to support a center where different providers offered health services, food, housing services, and case management. However, the authors identify structural barriers such as transportation and sometimes negative office environments, limits on benefit receipt, and eligibility restrictions as the most pressing challenge for communities to continue investing in homelessness services after the end of the SHP program.

Cohen, R. (2010). Connecting residents of subsidized housing with mainstream supportive services: Challenges and recommendations. Center for Housing Policy. https://www.urban.org/sites/default/files/publication/26871/1001490-Connecting-Residents-of-Subsidized-Housing-with-Mainstream-Supportive-Services-Challenges-and-Recommendations.PDF

RQs: RQ 2a, RQ 2b, RQ 3

This report outlines strategies the U.S. Department of Housing and Urban Development can use to improve access to supportive benefits among individuals receiving subsidized housing to help them maintain stable housing. The authors used a mixed-methods approach to data collection, including convening stakeholders at meetings hosted by the National Housing Conference and Center for Housing Policy; calling and meeting with service providers; reviewing literature; administering questionnaires to conference attendees, Center for Housing Policy members, and other stakeholders; and using an online forum available to anyone interested in participating in the forum. The authors identify challenges to expanding services, including service providers' lack of capacity, limited direct funding for services, and inadequate space to provide services. However, the authors note that co-locating housing with other services can allow providers to reach more clients while enabling clients to maintain their independence and self-reliance.

Cortes, A., Dunton, L., Henry, M., Rolston, H., & Khadduri, J. (2012). Linking human services and housing assistance for homeless families and families at risk of homelessness: Final report (Task Order No. HHSP23337006T). Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/reports/linking-human-services-housing-assistance-homeless-families-families-risk-homelessness

RQs: RQ 1, RQ 2, RQ 2a, RQ 2b, RQ 2c, RQ 3

This report synthesizes promising strategies that link housing support to other benefits that reduce homelessness rates among families. The U.S. Department of Health and Human Services commissioned this study in response to the increase in family homelessness rates from 2007 to 2010. The authors conducted onsite interviews with leaders from 14 communities who led providers that link housing support to human services. Most of the providers used case management to connect participants to human services and housing services. The leaders report that partnerships with multiple organizations helped providers leverage specialized expertise to enhance their services and expand their streams of funding. However, challenges to successfully linking housing and human services include excess demand for assistance, the lack of client turnover in services that would allow them to provide support to new participants, and the expiration of funding.

Ellerbe, T., Carlton, E. L., Ramlow, B. E., Leukefeld, C. G., Delaney, M., & Staton-Tindall, M. (2011). Helping low-income mothers overcome multiple barriers to self-sufficiency: Strategies and implications for human services professionals. Families in Society: The Journal of Contemporary Social Services, 92(3), 289–294. doi:10.1606/1044-3894.4137

RQs: RQ 1, RQ 2, RQ 2a, RQ 2b, RQ 3

This article examines the effectiveness of Kentucky's Targeted Assessment Program (TAP) in helping women receiving public benefits achieve economic self-sufficiency. With the University of Kentucky, the state developed TAP to use an integrated service delivery model by placing Targeted Assessment Specialists in public assistance and child welfare offices to screen participants and provide intensive case management. The program aimed to reduce barriers to achieving self-sufficiency and was designed for women receiving public benefits. Targeted Assessment Specialists connected participants to services and followed up with participants to help them address barriers to access. The authors collected data using baseline assessments administered from 2005 to 2008 to mothers with low incomes. The authors report statistically significant decreases in mental health issues, substance use disorders, and intimate partner violence between baseline and six-month follow-up outcomes. Significant decreases between baseline and follow-up data are also reported for the proportion of participants who experienced work difficulties, had an open child welfare case, and received public benefits. However, the authors note that the program was implemented in only 33 of Kentucky's 120 counties and that operations were shaped by the location and population served by each program.

Farrell, M., Putnam, M., & Rodler, L. (2021). Case study of an approach for preparing individuals with low income for work: Kentucky Targeted Assessment Program (OPRE Report #2021-66). U.S. Department of Health and Human Services.

RQs: RQ 1, RQ 2, RQ 2a, RQ 3

This case study is an overview of Kentucky's Targeted Assessment Program (TAP). In partnership with the University of Kentucky, the state designed the TAP intervention, which uses an integrated service delivery model to deliver services for mental health, substance use, intimate partner violence, and learning disabilities or deficits. Services began with intake meetings and assessment interviews conducted by frontline staff called TAP specialists, during which specialists identified the services that could benefit participants. TAP specialists then provided intensive case management and support, such as pretreatment services and referrals to other services. TAP operated in a mix of urban and rural areas throughout the state. TAP staff reported that comprehensive assessment, co-

location of services, advocating for participants, and staff training contributed to TAP's success. However, the lack of public transportation available to participants and high turnover among state staff challenged TAP's implementation.

Gaffney, A., & Glosser, A. (2021). Case study of a program serving families experiencing homelessness: Solutions for Change (OPRE Report #2021-67) U.S. Department of Health and Human Services.

RQs: RQ 1, RQ 2, RQ 2a, RQ 3

This case study gives an overview of Northern San Diego's Solutions for Change initiative. Solutions for Change sought to provide human services to families experiencing homelessness. Solutions for Change staff provided services in a highly structured, three-phase program known as Solutions University lasting 1,000 days. Services provided included case management, onsite mental health services, 12-step programs, life skills and parenting courses, employment readiness training, and work experience. The authors reported a high completion rate among Solutions for Change participants and a high rate of job placement for participants. However, the authors noted the initiative's success was hindered by several challenges, including securing transportation for the variety of offsite meetings participants attended as required by the initiative.

Guinan, K., & Hansell, L. (2014). Applying Montessori theory to break the cycle of poverty: A unique multi-generational model of transforming housing, education, and community for at-risk families. The NAMTA Journal, 39(2), 103–110. https://files.eric.ed.gov/fulltext/EJ1183185.pdf

RQs: RQ 1, RQ 2, RQ 3

This article is a descriptive overview of the Crossway Community organization. Crossway provided a wide range of services for families with low incomes in Montgomery County, Maryland. Services included career coaching and job skills training, life skills courses, individual or family support and referrals or both, and home visiting. Services were centralized through the Family Leadership Academy, which provides housing services to families as mothers complete postsecondary education and workforce training.

He, A. S., & Phillips, J. (2017). Interagency collaboration: Strengthening substance abuse resources in child welfare. Child Abuse & Neglect, 64, 101–108. doi:10.1016/j.chiabu.2016.12.011

RQs: RQ 2a, RQ 3

This article analyzes how interagency collaboration between child welfare and drug and alcohol service providers influenced the resources child welfare workers have available to treat substance use disorders (SUD). The authors conducted this study to learn how the collaboration addressed barriers to workers' ability to treat SUDs, specifically a lack of training and resources. The authors used data from the second cohort of the National Survey of Child and Adolescent Well-Being, administered from 2008 to 2011. Authors ran regressions to analyze the relationship between collaboration variables and organization characteristics on the availability of resources to treat SUDs. Collaboration variables included activities such as obtaining a formal interagency agreement, cross-training staff, co-locating staff, and developing joint budgets or funding; the authors called these collaboration activities. The results showed that resource availability was higher for child welfare agencies that had memoranda of understanding with drug or alcohol service providers and co-

located staff and services. Greater intensity of collaboration, such as participating in all collaboration activities, was significantly associated with more SUD resources.

Horn, M. B., Freeland, J., & Butler, S. M. (2015). Schools as community hubs: Integrating support services to drive educational outcomes (Discussion paper No. 3). Brookings Institution. https://www.brookings.edu/research/schools-as-community-hubs-integrating-support-services-to-drive-educational-outcomes/

RQs: RQ 1, RQ 2, RQ 2ba, RQ 3

This article explored the theory that schools can serve as centralized hubs for services other than education, such as social services and health care. The authors believe integrated services are the most effective strategy to address issues in disadvantaged neighborhoods. They argue that hubs provide benefits to students at the school but also provide benefits to the local community. However, the authors also theorized that schools interested in acting as hubs face several challenges, including privacy laws, lack of standardized information sharing technologies, budget concerns, difficulty accounting for broader benefits of using schools as hubs within budgets, and lack of specialized leadership skills among school leaders.

ICF International (2015). Health profession opportunity: Compendium of promising practices. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (OFA). https://www.acf.hhs.gov/sites/default/files/documents/ofa/2015_promising_practices.pdf

RQs: RQ 1, RQ 2, RQ 2a, RQ3, RQ 4

This report reviews the education and training opportunities of Health Profession Opportunity Grants (HPOG) in 23 states as collected and documented by ICF International. HPOG is administered by the Office of Family Assistance, which provides training and education for health care jobs to TANF recipients and other individuals with low incomes. The grants are designed to encourage progression in health care careers by using job-driven practices to support participants. These practices include providing case management services, child care, and transportation to recipients and building strong partnerships with TANF and other government agencies to recruit and retain participants. HPOG providers across agencies reported increased job placement and retention rates with medical providers through their practices. For example, the Cook Inlet Tribal Council used a centralized data system to assess students' needs, determine eligibility for supportive services, and share information with other Cook Inlet Tribal Council service divisions to help students access services. Seven HPOG grantees also used case managers to help participants access additional services.

ICF International (2016). OWRA: Case studies report: Overview of eight sites. Administration for Children and Families & Online Work Readiness Assessment. https://www.peerta.acf.hhs.gov/sites/default/files/public/owra/OWRA%20Case%20Studies%20Summary%20Report_final.pdf

RQs: RQ 1, RQ 2, RQ 2a, RQ3

This report describes the implementation of the Online Work Readiness Assessment (OWRA) in eight sites (California, Florida, Colorado, Maryland, New Hampshire, North Dakota, Louisiana, and Washington, DC). The OWRA is a virtual strengths-based assessment tool developed by ICF

International under contract to the Office of Family Assistance in 2007 to assess client strengths, barriers, interests, and skills to connect them to long-term jobs that pay livable wages and have the potential for progression. The OWRA helped initiative staff assess clients' skills, education levels, and potential challenges to help providers connect clients to additional services. The OWRA also helped providers improve their efficiency by minimizing duplication of records, simplifying the consumer experience, providing real-time data, and connecting clients to relevant services. For example, the Jefferson County, Colorado, Department of Human Services integrated information from OWRA into its data system to automatically recommend services based on the OWRA, reducing the amount of time case managers spent managing client information.

Kalil, A. (2012). A dual-generation strategy: Using technology to support learning for children and for families. Foundation for Child Development. http://fcd-us.org/sites/default/files/A%20Dual-Generation%20Strategy%20-%20Using%20Technology.pdf

RQs: RQ 4

This article examines strategies to provide services to parents and children virtually using technology. For example, the Computers for Youth (CFY) program was designed to improve the literacy skills of children and their parents by using technology to centralize language learning activities for parents with activities that support the development of the parent-child relationship through a device. The program provided an array of software designed to teach educational courses in a dual-generation framework. The author hypothesizes technology could play a critical role in improving low literacy rates among adults, which in turn could improve children's literacy rates. Early data collection at CFY family workshops suggested more than 90 percent of participants felt confident they could help their child learn and felt more connected to their child's school. However, the author cautions the program's effectiveness has not been evaluated.

Kauff, J., Sama-Miller, E., & Makowsky, E. (2011). Promoting public benefits access through web-based tools and outreach: A national scan of efforts. Mathematica Policy Research. https://aspe.hhs.gov/reports/promoting-public-benefits-access-through-web-based-tools-outreach-national-scan-efforts-volume-i-0

RQs: RQ4

This report analyzes the steps taken by federal, state, and local assistance providers to use technology to promote public benefits enrollment among individuals with low incomes. The authors drew on publicly available documents, online resources, collateral contacts, and in-house knowledge for analysis. Analyzing 86 efforts to improve benefits access, the authors found that the vast majority offer the ability to submit applications or complete screeners electronically. Authors identified electronic submission and benefits screening as key components in more than 50 percent of these efforts, with 33 percent combining these two methods. However, 20 percent of efforts used technology only to print completed applications from the website. The authors also reported that efforts combined public benefit applications to reduce the time and effort required for participants to complete applications. Some efforts shared participant data with other providers to facilitate the determination of benefit eligibility, thereby reducing the effort required of participants to access multiple services.

Lechuga-Peña, S., & Brisson, D. (2018). Your family, your neighborhood: Results from a feasibility and acceptability study of parent engagement in subsidized project-based housing. Journal of Community Practice, 26(4), 459–470. https://doi.org/10.1080/10705422.2018.1521353

RQs: RQ 1, RQ 2, RQ 2a, RQ 3

This article examines the feasibility of implementing the Your Family, Your Neighborhood (YFYN) intervention. YFYN was a 10-session dual-generation parenting skills training offered with subsidized housing. It was developed to improve parent-child relationships, academic success, and health and well-being among families with low incomes. Organizers developed the intervention to address health and educational disparities families face living in disadvantaged neighborhoods and offered sessions at one subsidized housing location. The authors administered surveys in a pre-test/post-test design and conducted focus groups with participants. Post-tests were conducted after completion of the 10-week YFYN intervention. The authors report that there were increases in parental engagement and significant increases in children's performance in school. All eight families completed the YFYN pilot, and parents reported taking a more active role in their child's education.

Martinson, K., & Scrivener, S. (2021). Providing employment services in substance use disorder treatment and recovery programs: Responses to COVID-19 (OPRE Report 2021-137). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

RQs: RQ 2, RQ 4

This article outlines how substance use disorder treatment organizations integrated services to continue providing treatment during the COVID-19 pandemic. The authors conducted video and phone interviews with administrators and staff members of seven initiatives during summer 2020. The authors report that providers switched to telehealth whenever possible, including developing supports for staff to work virtually. In addition to telehealth services, administrators and staff developed new virtual services to support clients during the pandemic, including centralizing employment services with substance use disorder treatment and recovery services virtually.

Office of the Governor, State of New Jersey. (2017). Race to the Top – Early Learning Challenge Annual Performance Report (CFDA Number: 84.412).

RQs: RQ 1, RQ 2, RQ 2a

This report highlights the accomplishments of three initiatives implemented by New Jersey, including the County Councils for Young Children (CCYC). The CCYC was a statewide collaboration between the New Jersey Council for Young Children and state human services agencies, created to strengthen collaboration between families and local health, early care and education, and family support services providers. Based on self-reported information, the collaboration enhanced the provision of these services using central intake hubs, providing easy access to resources and referrals to various community service providers. The authors report that the collaboration led to 10,358 successful service referrals during the grant year. Moreover, the authors self-reported that commitments to filling grant-required positions, planning for sustainability, and enhancing cross-agency relations were key lessons learned throughout implementation.

Pruett, M. K., & Cornett, L. (2017). Evaluation of the University of Denver's Center for Separating and Divorcing Families: The first out-of-court divorce option. Family Court Review, 55(3), 375–389. https://doi.org/10.1111/fcre.12292

RQs: RQ 1, RQ 2, RQ 3

This article analyzes changes in outcomes for families participating in the Resource Center for Separating and Divorcing Families (RCSDF) initiative in providing an effective alternative to divorce proceedings. The RCSDF is an alternative dispute resolution model that provides legal, therapeutic, educational, and financial services to divorcing families outside court. The University of Denver developed RCSDF to provide a neutral setting for divorcing families to plan their future, where two students were assigned to a case to support families and coordinate their participation in the various services available through the RCSDF. The authors administered surveys in a pre-test/post-test design and conducted t-tests to analyze outcomes, including the parents' physical and emotional state, use of decision-making and conflict resolution strategies, confidence in co-parenting, and the child's behavior. The results showed that parents involved in the initiative experienced significant improvements in depression, anxiety, and stress levels. Parents also reported significant improvements in communication and conflict-resolution skills and reported increased confidence in the co-parenting relationship.

Sommer, T. E., Sabol, T. J., Chor, E., Schneider, W., Chase-Lansdale, P. L., Brooks-Gunn, J., Small, M. L., King, C., & Yoshikawa, H. (2018). A two-generation human capital approach to anti-poverty policy. The Russell Sage Foundation Journal of the Social Sciences, 4(3), 118–143. doi:10.7758/RSF.2018.4.3.07

RQs: RQ 1, RQ 2, RQ 2a, RQ 3

This article introduces the Two-Generational (TG) human capital framework as a method for addressing poverty while advocating for the federal government to make further investments in two-generation services. The TG framework linked Head Start and career pathway training at community colleges. The authors conducted a cost-benefits analysis to estimate the effectiveness of the TG framework compared with either Head Start or career pathways training alone. To calculate costs, the authors used Head Start Program Information Report data to estimate parental employment status and income; Bureau of Labor Statistics annual earnings from relevant professions to estimate parental starting salaries; and data from CAP Tulsa, which offers an education and career training paired with high-quality early care and education for participants' children. If 76,910 parents participated in the CAP Tulsa over five years, the authors estimate that implementing the TG framework would cost the federal government about $4.3 billion. However, the authors also estimate it could result in $5.5 billion in net benefits to the participants. When estimated for 10 years, the net benefits could total more than $33.8 billion for participants.

Thomas, C., & Kauff, J. (2012). Web-based benefits access tools: Mitigating barriers for special needs populations. Mathematica. https://aspe.hhs.gov/reports/web-based-benefit-access-tools-mitigating-barriers-special-needs-populations

RQs: RQ 1, RQ 2, RQ 2b, RQ 3 RQ 4

This report outlines the needs of individuals with low incomes and the barriers they experience in accessing web-based tools that help them access benefits. The authors conducted a national scan of 86 web-based benefits efforts and summarized their findings in case studies. As web-based

technology became more prevalent, government agencies incorporated these technologies into their service delivery models. This report highlights examples of initiatives that developed technology to facilitate access to multiple benefits. For example, one developed an electronic records system to which families submitted applications. The records system then uploaded relevant eligibility documents to more than 80 community-based organizations to identify families eligible for their services (Thomas & Kauff, 2012).

U.S. Department of Health and Human Services. (2011). State issues and innovation in creating integrated early learning and development systems (HHS Publication No. (SMA) 11-4661). http://www.ctearlychildhood.org/uploads/6/3/3/7/6337139/ec2010followuop.pdf

RQs: RQ 1, RQ 2, RQ 2a, RQ 3, RQ 4

This report identifies strategies that were used to integrate state early learning and development systems for children up to age 8 based on conversations held with about 1,800 participants attending the Early Childhood 2010: Innovations for the Next Generation meeting sponsored by the U.S. Department of Health and Human Services and the U.S. Department of Education. Policymakers and experts discussed strategies to improve collaboration among federal, state, and local agencies. The authors reported that states were adapting to coordinate early learning services by creating unified data systems to support early learning goals and were developing partnerships between families and communities. For example, Vermont developed the Children's Integrated Services model, which provided a suite of health services to children and families. Services included home visits, mental health services, and child care subsidies for children with special needs.

U.S. Government Accountability Office. (2011). Multiple employment and training programs: Providing information on co-locating services and consolidating administrative structures could promote efficiencies (GAO-11-92). https://www.gao.gov/products/gao-11-92

RQs: RQ 1, RQ 2, RQ 2a, RQ 2b, RQ 2c, RQ 3

This report examines the effectiveness of the 1998 Workforce Investment Act (WIA) in providing job assistance services to individuals with low incomes. The WIA established one-stop workforce centers in all states to provide coordinated services for employment and training services. Congress passed the WIA in response to concerns about inefficiencies in federal employment and training services. The Government Accountability Office (GAO) administered a web-based questionnaire to relevant officials in various government agencies to collect information on federal employment and training programs. Officials reported that centralizing services improved communication between providers, improved service delivery to clients, and eliminated duplication of services. Officials reported that centralizing services also facilitated the cross-training of staff and consolidation of administrative systems. However, officials also reported that centralization could be time-consuming, expensive, and limited by external factors, such as geography and varying provider cultures. In addition, GAO notes that centralizing employment services may eliminate the centralization of other services, such as SNAP and Medicaid, as co-locating services would require TANF to cover the operating costs of doing so along with the costs of providing services in other locations.

Williams-Boyd, P. (2010). Breaking bonds, actualizing possibility: Schools as community hubs of social justice. Forum on Public Policy, (4), 1–22. https://eric.ed.gov/?id=EJ912981

RQs: RQ 1, RQ 2, RQ 2a, RQ 2c, RQ 3

This article examines the feasibility of using community schools as centralized hubs to provide services to children and families experiencing poverty. The author proposes that community schools could improve the coordination of academic and non-academic services by serving as one-stop centers for all academic, social, health, and human services in a community. The author reports findings from other studies suggesting the community school framework resulted in more students operating at grade level academically, fewer suspensions and absences, and higher graduation rates, among other benefits.

Table 1. VOCS reviewed literature

Reference	RQ1	RQ2	RQ2aª	RQ3	RQ4
American Public Human Services Association, & Administration for Children and Families. (2021). *COVID response project: Lessons learned from state adaptation and federal flexibilities*. https://www.acf.hhs.gov/media/17677	✓	✓	✓	✓	✓
Anderson, C. A., Schlegelmilch, A., & Hartman, E. (2019). Wisconsin PROMISE cost-benefit analysis and sustainability framework. *Journal of Vocational Rehabilitation, 53*(1), 253–261. doi:10.3233/JVR-191043	✓	✓	✓	✓	
Barbee, A. P., & Antle, B. (2011). Cost effectiveness of an integrated service delivery model as measured by worker retention. *Children and Youth Services Review, 33*(9), 1,624–1,629. https://doi.org/10.1016/j.childyouth.2011.04.004	✓	✓	✓	✓	
BLH Technologies & ICF International (2014). Summary of structured calls on TANF service delivery restructuring: Connecticut peer TA request #230. Administration for Children and Families, & the Office of Family Assistance. https://peerta.acf.hhs.gov/content/connecticut-peer-ta-request-summary-structured-calls-tanf-service-delivery-restructuring			✓	✓	✓
Bunger, A. C., Chuang, E., Girth, A., Lancaster, K. E., Gadel, F., Himmeger, M., Saldana, L., Powell, B. J., & Aarons, G. A. (2020). Establishing cross-systems collaborations for implementation: Protocol for a longitudinal mixed methods study. *Implementation Science, 15*(55), 1–14. https://doi.org/10.1186/s13012-020-01016-9	✓		✓	✓	
Burt, M. R., Carpenter, J., Hall, S. G., Henderson, K. A., Rog, D. J., Homik, J. A., Denton, A. V., & Moran, G. E. (2010). *Strategies for improving homeless people's access to mainstream benefits and services*. U.S. Department of Housing and Urban Development Office of Policy Development and Research. https://www.huduser.gov/portal/publications/strategiesaccessbenefitsservices.pdf	✓		✓	✓	
Cohen, R. (2010). *Connecting residents of subsidized housing with mainstream supportive services: Challenges and recommendations*. Center for Housing Policy. https://www.urban.org/sites/default/files/publication/26871/1001490-Connecting-Residents-of-Subsidized-Housing-with-Mainstream-Supportive-Services-Challenges-and-Recommendations.PDF			✓	✓	
Cortes, A., Dunton, L., Henry, M., Rolston, H., & Khadduri, J. (2012). *Linking human services and housing assistance for homeless families and families at risk of homelessness: Final report* (Task Order No. HHSP23337006T). Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/reports/linking-human-services-housing-assistance-homeless-families-families-risk-homelessness	✓	✓	✓	✓	
Ellerbe, T., Carlton, E. L., Ramlow, B. E., Leukefeld, C. G., Delaney, M., & Staton-Tindall, M. (2011). Helping low-income mothers overcome multiple barriers to self-sufficiency: Strategies and implications for human services professionals. *Families in Society: The Journal of Contemporary Social Services, 92*(3), 289–294. doi:10.1606/1044-3894.4137	✓	✓	✓	✓	
Farrell, M., Putnam, M., & Rodler, L. (2021). *Case study of an approach for preparing individuals with low income for work: Kentucky Targeted Assessment Program* (OPRE Report #2021-66). U.S. Department of Health and Human Services.	✓	✓	✓	✓	
Gaffney, A., & Glosser, A. (2021). *Case study of a program serving families experiencing homelessness: Solutions for Change* (OPRE Report #2021-67) U.S. Department of Health and Human Services.	✓	✓	✓	✓	

Reference	RQ1	RQ2	RQ2aᵃ	RQ3	RQ4
Guinan, K., & Hansell, L. (2014). Applying Montessori theory to break the cycle of poverty: A unique multi-generational model of transforming housing, education, and community for at-risk families. *The NAMTA Journal, 39*(2), 103–110. https://files.eric.ed.gov/fulltext/EJ1183185.pdf	✓	✓		✓	
He, A. S., & Phillips, J. (2017). Interagency collaboration: Strengthening substance abuse resources in child welfare. *Child Abuse & Neglect, 64,* 101–108. doi:10.1016/j.chiabu.2016.12.011			✓	✓	
Horn, M. B., Freeland, J., & Butler, S. M. (2015). *Schools as community hubs: Integrating support services to drive educational outcomes* (Discussion Paper No. 3). Brookings Institution. https://www.brookings.edu/research/schools-as-community-hubs-integrating-support-services-to-drive-educational-outcomes/	✓	✓	✓	✓	
ICF International (2015). Health profession opportunity grants: Compendium of promising practices. Administration for Children and Families, & Health Profession Opportunity Grants. https://www.acf.hhs.gov/sites/default/files/documents/ofa/2015_promising_practices.pdf	✓	✓	✓	✓	✓
ICF International (2016). OWRA: Case studies report: Overview of eight sites. Administration for Children and Families, & Online Work Readiness Assessment.https://www.peerta.acf.hhs.gov/sites/default/files/public/owra/OWRA%20Case%20Studies%20Summary%20Report_final.pdf	✓	✓	✓	✓	
Kalil, A. (2012). *A dual-generation strategy: Using technology to support learning for children and for families*. Foundation for Child Development. http://fcd-us.org/sites/default/files/A%20Dual-Generation%20Strategy%20-%20Using%20Technology.pdf					✓
Kauff, J., Sama-Miller, E., & Makowsky, E. (2011). *Promoting public benefits access through web-based tools and outreach: A National Scan of Efforts*. Mathematica Policy Research. https://aspe.hhs.gov/reports/promoting-public-benefits-access-through-web-based-tools-outreach-national-scan-efforts-volume-i-0					✓
Lechuga-Peña, S., & Brisson, D. (2018). Your family, your neighborhood: Results from a feasibility and acceptability study of parent engagement in subsidized project-based housing. *Journal of Community Practice, 26*(4), 459–470. https://doi.org/10.1080/10705422.2018.1521353	✓	✓	✓	✓	
Martinson, K., & Scrivener, S. (2021). *Providing employment services in substance use disorder treatment and recovery programs: Responses to COVID-19* (OPRE Report 2021-137). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.		✓			✓
Pruett, M. K., & Cornett, L. (2017). Evaluation of the University of Denver's Center for Separating and Divorcing Families: The first out-of-court divorce option. *Family Court Review, 55*(3), 375–389. https://doi.org/10.1111/fcre.12292	✓	✓		✓	
Sommer, T. E., Sabol, T. J., Chor, E., Schneider, W., Chase-Lansdale, P. L., Brooks-Gunn, J., Small, M. L., King, C., & Yoshikawa, H. (2018). A two-generation human capital approach to anti-poverty policy. *The Russell Sage Foundation Journal of the Social Sciences, 4*(3), 118–143. doi:10.7758/RSF.2018.4.3.07		✓	✓	✓	
Thomas, C., & Kauff, J. (2012). *Web-based benefits access tools: Mitigating barriers for special needs populations*. Mathematica. https://aspe.hhs.gov/reports/web-based-benefit-access-tools-mitigating-barriers-special-needs-populations	✓	✓	✓	✓	✓

Reference	RQ1	RQ2	RQ2a[a]	RQ3	RQ4
U.S. Department of Health and Human Services. (2011). *State issues and innovation in creating integrated early learning and development systems* (HHS Publication No. (SMA) 11-4661). http://www.ctearlychildhood.org/uploads/6/3/3/7/6337139/ec2010followuop.pdf		✓	✓	✓	✓
Office of the Governor, State of New Jersey. (2017). *Race to the Top - Early Learning Challenge Annual Performance Report* (CFDA Number: 84.412).	✓	✓	✓		
U.S. Government Accountability Office. (2011). *Multiple employment and training programs: Providing information on co-locating services and consolidating administrative structures could promote efficiencies* (GAO-11-92). https://www.gao.gov/products/gao-11-92	✓	✓	✓	✓	
Williams-Boyd, P. (2010). Breaking bonds, actualizing possibility: Schools as community hubs of social justice. *Forum on Public Policy, 4,* 1–22. https://eric.ed.gov/?id=EJ912981	✓	✓	✓	✓	

[a] Resources in this category examined challenges, benefits, or costs.

Search terms

To conduct this literature review, we searched for peer-reviewed literature and gray literature that examined centralized services and provided information about the benefits, challenges, costs, motivations for centralizing services, and virtual service coordination. Using the following terms (Table 2), we searched seven databases including Academic Search Premier, CINAHL, SocIndex, APA PsycINFO, Scopus, Education Research Complete, and ERIC. To identify relevant gray literature, we conducted searches through the Harvard Think Tank Search and a Google custom search engine.

Table 2. Search terms used

Research topic	Keywords
Time frame for search	2010–2020
Centralized service models	centralized services, co-locate, co-locate, coordinate services, common intake, centralized intake, resource center, hub, one stop, multiservice organization, multi-service organization, integrated services, wraparound and program, approach, service, model, intervention, demonstration, pilot, strategy, practice, policy, policies, initiative, trial
Target populations	Family, families, parent, child
Available services	Parenting, parent education, TANF, welfare, public assistance, human service, family services, preschool, pre-school, child care, child care, early childhood education, early education, early care and education, ECE, home visit, CCDF, Head Start, Early Head Start, employment, job, occupation, training, workforce, labor force, self-sufficiency, self-reliant, human capital, family resource center, community action agency, ethnic community-based organization, full family, multi-generation, multigeneration, transgenerational, intergenerational, dual generation, two-generation, whole family
Location of centralized services	United States, U.S., U. S., US, Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, Washington D.C., District of Columbia, Puerto Rico, Virgin Islands, American Samoa, Guam, Northern Mariana Islands

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Gwaltney, Margaret K., Goodson, Barbara, Pfefferle, Sue, & Klein Walker, Deborah. "Implementation of Project LAUNCH: Cross-site Evaluation Findings, Volume 1." OPRE Report 2014-87. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2014. Available at https://www.acf.hhs.gov/sites/default/files/opre/launch_implementation_report_12_29_14_final_508.pdf.

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