

# Collaborating to Increase Access to Benefits

## The Integrated Benefits Collaborative

Homeless Services Bureau

Bureau of Recovery Services

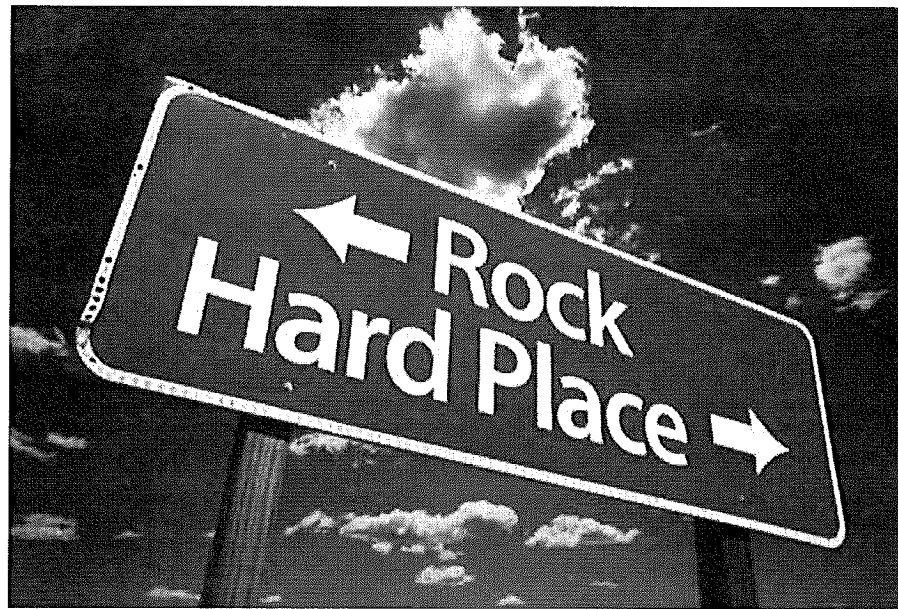
Community Initiatives Bureau

Child Adolescent & Family Health Bureau

# Background

- Throughout every bureau and nearly every program, BPHC serves vulnerable residents who need a vast array of public benefits.
- These critical public supports meet health, food, housing, childcare and income needs and are a lifeline for low-income Bostonians.
- The new federal administration has targeted critical entitlement programs for elimination or major revision.
- Frequent and unpredictable changes in regulations may result in so-called churning – the short-term loss of benefits due to administrative challenges rather than true loss of eligibility – and extreme hardship.
- Staff and bureau leadership hold a fundamental belief that to improve services for our clients and the public the bureaus need to work collectively.

Where does this leave our staff?  
Our clients and residents?



# Goal

- Ensure the city's most vulnerable residents are achieving maximum health and wellness through access to care and benefits that increase financial self-sufficiency and security

# Process

January 2017

Staff from Community Initiatives; Child, Adolescent & Family Health; Homeless Services; and Recovery Services started meeting to explore the feasibility of a cross-bureau collaborative effort to increase access to benefits

April 2017

Cross-bureau staff listening sessions held. Staff heard more details about the concept, and shared their feedback and initial thoughts

May – July 2017

Interns conducted a staff / client needs assessment (administered staff surveys, held staff focus groups and conducted a literature review)

September 2017

Staff from participating bureaus met with ED to review needs assessment findings and gather feedback

November 2017

Focus group and survey findings shared with staff

# Staff Views: Barriers to Care for Clients

- Immigration status
- Documentation (birth certificates, etc.)
- Language barriers
- Racism/Discrimination
- Mental health status
- More....

# Staff Views: Organizational Barriers

- Lack of intra-organizational connections
- Siloed information and information systems/technology
- Range of expertise in benefits systems

# Staff Views: Lack of Intra-organizational Connections

- Lack of knowledge of BPHC programs
- Need for internal networking
- Lack of interpersonal connections
- Desire for frequent engagement



# Staff Views: Insufficient Information Sharing + Technology Systems

- Absence of accurate and centralized BPHC program information and contacts
- Inadequate systems for tracking clients and ability to share with other BPHC staff
- Pressing need for frequent and accurate updates on policies and processes
  - Internal and external information

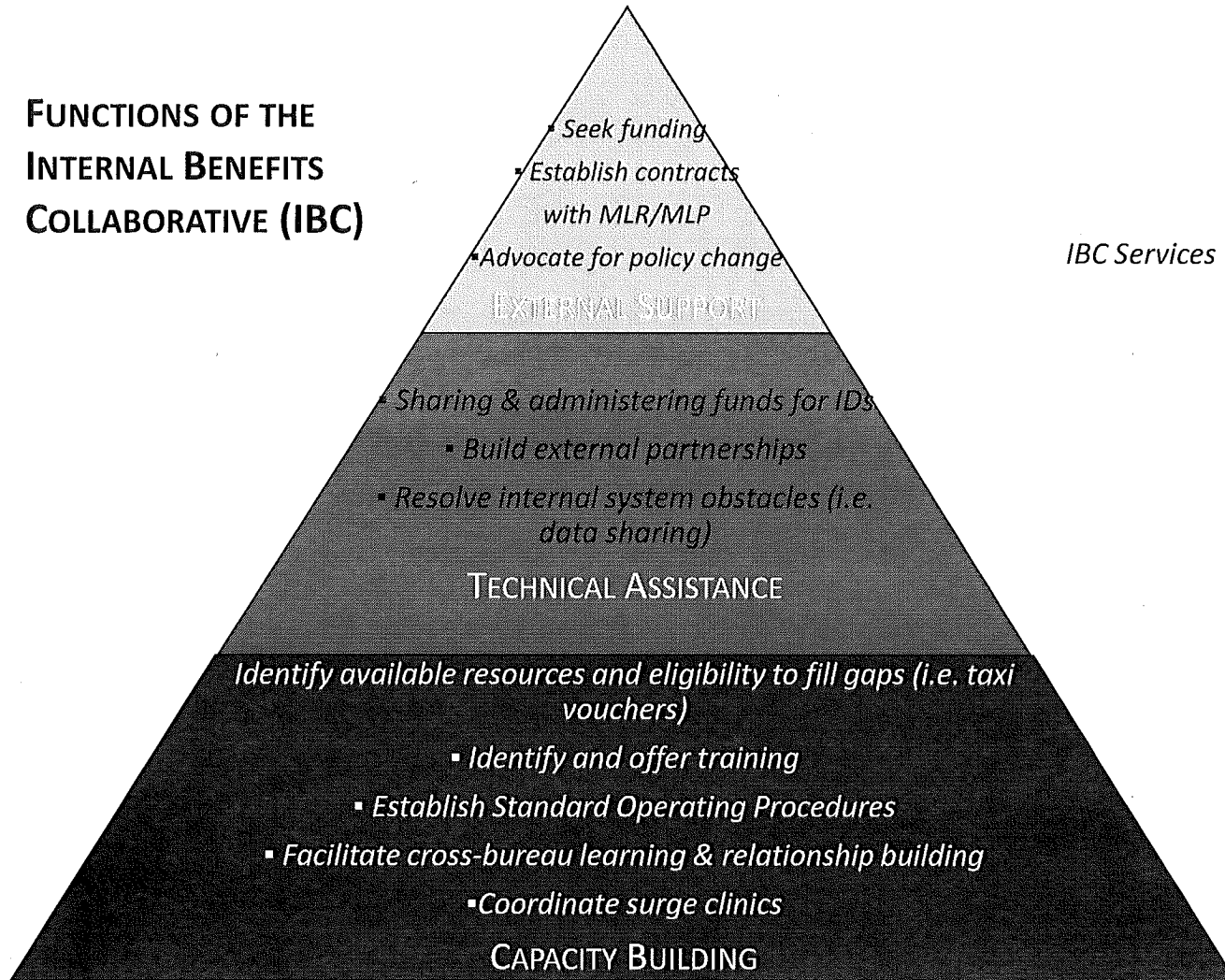
# Staff Views: Proposed IBC Model

- Positive reaction to the ideal of IBC
- Preferred decentralized (“collaborative”) vs. centralized (“office”) model
- IBC should not overstate its function
- Need for proper support, structure, and supervision
- Desire for staff involvement in development, monitoring and implementation

# BPHC Integrated Benefits Collaborative Functions

- Build capacity within programs
- Improve cross bureau knowledge and systems
- Solve and consult on complex cases
- Increase access to financial resources for infrastructure and programmatic improvements
- Foster collaboration

**FUNCTIONS OF THE  
INTERNAL BENEFITS  
COLLABORATIVE (IBC)**



*IBC Services and Strategies*

# Straightforward Strategies

- **Build Capacity**

- Create project charter to outline roles and responsibilities
- Develop SOPs
- Promote cross bureau knowledge sharing, sharing of best practices, and coordination of training and professional development competencies **(1)**

- **Provide Technical Assistance**

- Invite external benefits agencies to present/bring external services onsite for clients **(3)**
- Develop referral relationship with pro bono legal resources **(2)**
- Identify interim data sharing processes

- **Engage External Support**

- Design proposal and launch funding search

# Complex Strategies

- **Engage External Support**
  - Advocate for external policy solutions (streamlined benefits enrollment)  
Establish contract for client legal services **(2)**
- **Build Capacity**
  - Identify case management standard of care **(3)**
  - Develop universal screening tool
  - Purchase benefits screening and enrollment software
  - Implement process improvements to streamline interaction with healthcare system and each other **(3)**
- **Provide Technical Assistance**
  - Resolve data sharing restrictions across internal programs **(1)**

# Next Steps

- Quarterly Staff Learning Sessions
  - Skills/Topics
    - BPHC programs (services, eligibility, referral processes, staff contact information/expertise)
    - Benefits (MassHealth, SNAP, SSI/SSDI, cash assistance, state and federal veterans, elder assistance)
    - Populations (eligibility and....immigration status; disability; veterans; families with young children)
    - Non-benefit external programs (e.g. Youth Connect)
    - Skills (case management, motivational interviewing, advocacy, documentation, trauma informed care)
  - Cross Program Sharing
  - Networking
- Establish Workgroups on Prioritized Areas
  - Benefits Advocacy
  - Data Sharing
  - Unified Case Management