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)

1. Capacity Building
   - Coordinate surge clinics
   - Facilitate cross-bureau learning & relationship building
   - Establish Standard Operating Procedures
   - Identify and offer training

2. Technical Assistance
   - Identify available resources and eligibility to fill gaps (i.e. taxi vouchers)
   - Resolve internal system obstacles (i.e. data sharing)
   - Build external partnerships

3. External Support
   - Advocate for policy change
   - Establish contracts with MLR/MLP
   - Seek funding

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