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Accessing Human Services Programs: Areas of Improvement with Awareness and Communication


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Abstract

Lack of accessibility to human services programs is a major barrier to service provision. Archival focus group data from 21 non-profit and public human services agency representatives examined consistency and discrepancies among reported services and services that were identifiable on the internet. This study is important because the internet is often the first step a consumer takes toward seeking help, if the information is not accessible online, this is a barrier to service. Our results found grave discrepancies between available information on websites and reported services during the focus group. Additionally, we found that most websites were not accessible to low readers or persons who spoke a language other than English. Lastly, we found that many of the services were not accessible to people currently “in crisis” rather the services were geared toward people who were “at risk” or “safe”. Implications for administrators and policy conclude.

Accessing Human Services Programs: Areas of Improvement with Awareness and Communication

Human service agencies are organizations designed to offer social services which provide human needs (Zins, 2001). Human services administrators are responsible for supervising staff, planning, administrative support, and ensuring program accessibility by those in need (Jang, 2015; Schwartz & Austin, 2008). As accessibility is multidimensional, it includes many factors that can present as barriers, such as websites, awareness of programs, and access for people in different states of need or recovery (Harley-McClaskey, 2015). This exploratory study's objective was to understand these varied accessibility levels in select human services agencies (HSAs) in an urban city in the southeastern United States. These agencies were chosen because they represented a cross-section of service provision. The current study examines human services professionals' knowledge of their HSA's services and how these agencies communicate their services to the public through their websites. The goal of the current study is to inform administrators of potential intervention targets that can lead to increased accessibility of human services agencies by constituents in need.

Accessibility

An organization is accessible when the lay public can reach, easily obtain, and use services offered by the organization (Hasenfeld, 2009). Lack of accessibility is a major barrier to service provision for those in need. Barriers to the provision of human services programs include external and internal factors (Johnson et al., 2013). Internal factors such as stigma, shame, and lack of trust are major barriers to meeting the needs of society's most vulnerable populations (Hall et al., 2014). External factors, such as hours of operation, transportation, and a lack of providers, are all well-documented in the research literature as health and social service accessibility barriers (Johnson et al., 2013; Scheppers et al., 2006); the research literature contains less documentation of HSA information online accessibility (Friedmeyer-Trainor et al., 2012).

Website and Online Information

Human services agencies' online presence increases consumer accessibility and access to information (Friedmeyer-Trainor et al., 2012). These websites may include virtual meeting spaces, the ability to complete screenings, applications for services, and general information about agency services (Friedmeyer-Trainor et al., 2012). Researchers and administrators have noted the benefits of using information technology for greater interactivity with citizens, such as improved information sharing, better coordination among agencies, more convenient service delivery, and operating efficiency and opportunities (Hofer & Twis, 2018). A major role of human services administrators is to ensure the citizens they serve are not digitally disenfranchised by inaccessible websites (Edwards, 2009). However, a study conducted in 2000 (Vernon & Lynch, 2003), and a follow-up in 2012 (Friedmeyer-Trainor et al., 2012) focusing on the accessibility of social services agency websites, found that the majority of the websites failed one or more accessibility measures. The authors recommended that HSAs minimize the sophistication of their websites and ensure a fifth-grade reading level or lower for website text (Friedmeyer-Trainor et al., 2012; Vernon & Lynch, 2003).

Awareness by Agency Staff

Another barrier to human services accessibility is providers' lack of awareness about programs offered within their organization (Campbell, 2016). Human services administrators and employees often work in silos, therefore have limited communication with others across the agency or externally with other programs (Kaufman et al., 2014). These silos create area experts

who may lack information on other services provided by their agency (Campbell, 2016). Compounding this problem is human services administrators and staff frequent understanding of themselves as specialists, not generalists, meaning they focus on their unique subpopulation or program (Austin et al., 2013). For example, an agency providing assistance to families in need may have several specialists who focus on nutrition, child education, healthcare, workforce development, and so forth; therefore, they may be well-versed in the programs related to their specialty area but not informed of programs in other specialty areas of the agency (Austin et al., 2013). One study found that when asked about services offered by other agency units, several administrators were unable to provide accurate descriptions of these services (Kaufman et al., 2014); this discrepancy between services described and offered is a symptom of working in silos.

Human services professionals and administrators are also tasked with improving service delivery systems by addressing quality of services, improving accessibility, accountability, and coordination among people and agencies involved in service delivery (Hasenfeld, 2009). The current study operationalized coordination among people by comparing human service professionals' first-hand accounts of services provided at their agency, and the services advertised on the agency website. It was hypothesized that if there is high coordination, then agency representatives should be able to discuss all programs offered at the agency; if there is low coordination among people, then agency representatives will not be knowledgeable about all of the programs offered at the agency (Kaufman et al., 2014).

Restrictions on Services

Lastly, accessibility is also related to the groups of people accessing programs and services. Arguably, the most vulnerable people in a community are those currently "in-crisis": those who have significant impairment in carrying out normal daily activities or functioning (Hoff et al., 2011). Though there are many types of crises, psychological, health, social, and environmental crises have been conceptualized to be most relevant to human services provision (Hoff et al., 2011). Treating clients currently in crisis is arguably more complex than treating clients who are not (Kfir, 2014). For example, if a client wants to be placed in a shelter, it is difficult and potentially dangerous to place a client actively abusing drugs because the client can harm themselves or others. This example is representative of the *Treatment First* model, which means that clients must arrive "well" at the agency (Padgett, et al., 2011). However, another promising model is *Housing First*, which focuses on stabilizing a persons' living situation and then assisting them in seeking treatment (Groton, 2013; Stanhope & Dunn, 2011). While providers may favor Treatment First programs, empirical support providing evidence of its superiority over Housing First programs is lacking (Padgett et al., 2011). Access to supportive services is crucial in assisting people in reaching their full potential; however, these services are provided in complex systems that can unintentionally create barriers.

Theoretical Framework

Human services agencies are set within a complex system of services and providers. Thus, a systems framework is used to conceptualize this exploratory study. A systems framework for understanding social settings was developed to theoretically understand aspects of settings (Tseng & Seidman, 2007). The three aspects of settings, which provide intervention targets to improve those settings, are *social processes*, *resources*, and *organization of resources* (Tseng & Seidman, 2007). *Social processes* refer to transactions between individuals, including norms, relationships, and participation in activities (Tseng & Seidman, 2007). In this current study, one social process example is the interaction between human services professionals within an agency: do their interactions lead to awareness of all services provided by the agency?

Another is how the constituent interacts with the human services agency (e.g., online and/or in-person). *Resources* are human, economic, physical, and temporal (Tseng & Seidman, 2007). In terms of HSAs and our research goals, we take all of these resources into account and specifically consider a website an important resource for a human services agency, given the necessity of this resource for constituents to engage with the agency (Hoefer & Twis, 2018). *Organization of resources* refers to how resources are organized or allocated, including social organization, physical organization, temporal organization, and economic organization (Tseng & Seidman, 2007). For the current study, organization of resources is related to how and to whom (e.g., those in crisis or those who are stable) these HSAs allocate their services. The three intervention targets (i.e., social processes, resources, and organization of resources) lead to *setting outcomes* (Tseng & Seidman, 2007). In this case, the target *setting outcome* is ensuring needed services are reaching constituents.

Congruent with a systems framework and unanswered questions in the literature, this exploratory investigation sought to answer three research questions:

1. Are websites at a fifth-grade reading level, which is recommended to increase the accessibility of the content?
2. Are agency staff aware of the services provided across the agency?
3. Does service provision reach all vulnerable populations, regardless of crisis level? (i.e., assessing the number of services for people in crisis, at risk, safe, stable, and thriving, termed “service category”).

The goal is to inform administrators tasked with ensuring needed services are reaching constituents and to inform policy around the provision of services to the most vulnerable citizens in society.

Methodology

The current study utilized archival data from a focus group of 21 human services agency representatives. Participants discussed their response to this question: “How does your intervention help a head of household keep or maintain a job?” Data from the question were collected and analyzed for the current study.

Researchers and Trustworthiness

The first author identifies as a Black Woman who has been intimately involved with human and social service innovation to improve educational and economic mobility. The first author was present during the focus groups and participated actively. The second author has worked as a human services provider and collaborated with organizations on evaluation and research. Both authors have expertise in qualitative research methodology and analysis. In terms of trustworthiness, the first author reviewed her field notes to ensure the data analysis and results were true to the focus group’s essence and the narratives shared by participants. The authors used analyst triangulation to ensure that themes that emerged were representative of the data and the participants. Additionally, artifacts reviewed from the focus groups included handwritten field notes, documents from focus group participants, and observer notes. Bracketing of initial biases concerning human services agencies and ideas about whom they may serve were discussed and written prior to and during the analysis.

Participants and Procedures

The first author recruited participants through a series of innovative call-to-action activities, including a virtual town hall, human services agency networking events, and online commercials. Eligibility criteria included being over age 18 and a chosen representative from a human services agency that services the city or surrounding counties. Over seven months, from

October 2016 to April 2017, a professional focus group moderator, experienced in working with human services agencies and strategic planning, conducted six focus groups in an urban area in the southeastern United States. The focus groups followed established focus group methodology (Kitzinger, 1995): the moderator used a guide developed and approved to facilitate the focus groups, which averaged 120 minutes. The current study utilized the 21 agency representatives who participated in the October 2016 focus group.

Representatives from 21 HSAs participated in the focus group; however, because the research concentrated on the agency rather than the participants themselves, demographic information was not collected. Anecdotally, participants were overwhelmingly Black women, representing a cross-section of positions, from agency director to supervisor. The organizational characteristics of HSAs that were represented in the study, had the following characteristics: (a) nonprofit and public, (b) agencies ranging from small to large agencies (with annual budgets of 100k or more, (c) focused on human services and social service provision. Participants volunteered, and there was no remuneration.

Researchers used 15 key areas identified on the Self-Sufficiency Matrix (Snohomish County Self-Sufficiency Taskforce [SSM], 2010). These key areas in the SSM are: AE – Adult Education, AP – Application, ASM – Assessment, CC – Child Care, CE – Children’s Education, DSP – Direct Support, FOOD - Food Services, HOUS – Housing, INC – Income (Financial Literacy), INT – Interviewing, JSA – Job Search Assistance, LEG – Legal, RECOV – Recovery, TRANS – Transportation, and TRN – Training.

In the focus groups, agency representatives self-identified which of the 15 key areas in which their agency provided services. Researchers grouped the 15 key areas into eight major categories to use in the analysis of reading level, awareness of programs, and service category.

Data Analysis and Plan

As a data analysis method, content analysis often involves examining text to produce a numerical description of its features (Creswell, 2007). This method was appropriate for the current study’s use of qualitative data, in which meaning can be made through quantifying the presence of themes and concepts. The current study utilized the data from the focus group to answer three research questions.

Research Question 1: Are websites written at a fifth-grade reading level?

To investigate this question, two researchers employed an online reading-level readability tool (<https://readabilityformulas.com/free-readability-formula-tests.php>) to confirm the reading levels of 15 agency websites, webpages on a government site, or Facebook pages. Only 15 agencies were reviewed as two agencies had fewer than 200 words of online information (200 words are the minimum for calculating readability), and four did not have an online presence. “Readability consensus” was calculated using six formulas to determine reading level: Flesch Reading Ease, The Flesch-Kincaid Grade Level, The Fog Scale, The SMOG Index, The Coleman-Liau Index, the Automated Reading Index, and the Linsear Write Formula. Readability consensus scores show suggested reading level by grade. For instance, a score of four indicates a fourth-grade reading level, while any score above a 12 indicates college reading level, and a score of 14 might be a 20- or 21-year-old in college and the reading level is described as “very difficult to read.”

Research Question 2: Are agency staff aware of the services provided across the agency?

To investigate this research question, two researchers searched agency websites with a 15-minute time limit for each website in order to identify services for the 15 SSM key areas identified. After the researchers independently recorded findings, they compared their findings

and provided the data to the auditor to confirm. Once confirmed, they compared their findings with reports from the focus group participants who had completed a form with the 15 SSM key areas they identified as services their agency provided.

Research Question 3: Is the provision of services reaching all vulnerable populations regardless of crisis level?

To investigate this question, the focus group facilitator reviewed the five groups of people who are provided services through human services agencies: those (a) in crisis, (b) at risk, (c) safe, (d) stable, or (e) thriving. This scale of crisis to thriving indicates where a person falls from prevention to intervention; those who are thriving, stable, and safe can utilize preventative services (Snohomish County SSM Taskforce, 2010). Individuals who are vulnerable or in-crisis need immediate services and assistance. What the different categories look like differ based on the SSM areas, see the SSM document for more information (Snohomish County SSM Taskforce, 2010). After the review, the human services agency representatives discussed the categories to gain a shared understanding and proceeded to record responses about the type of people who receive services from their agency in key SSM areas. Excel was used to calculate frequencies of what agency representatives reported.

Results

The 21 agency representatives identified services they provided in eight major categories: (a) education and training, (b) basic needs, (c) income, (d) child and family, (e) legal, (f) recovery, (g) job search assistance, and (h) case management. Overall, human services agencies were found to offer multiple service categories and domains; this means one agency could, for example, provide multiple services in differing domains. Results focused on responses to the research questions about (1) readability, (2) awareness, and (3) accessibility.

The readability of agency websites (i.e., research question one)

Readability consensus ranged from the 11th- to the 24th-grade level (i.e., college graduate level), with no websites or online content at or below the target fifth-grade reading level. In terms of reading level, only three websites or online content were at a high school level: the 11th-grade reading level only accounted for 6.7% of online content ($n = 1$), and the 12th-grade reading level only accounted for 13.3% of online content ($n = 2$). Six websites had online content at a 13th- and 15th-grade reading level. The largest percentage of websites had text at the 14th-grade reading level, 26.7% ($n = 4$), while 13.3% ($n = 2$) had text at the 15th-grade reading level. Lastly, the postsecondary grade level—grade 17 and above—accounted for six websites' reading level. Specifically, the 19th-grade reading level accounted for 20% ($n = 3$) of online content, the 17th-grade reading level accounted for 13.3% ($n = 2$) of online content, and the 24th-grade reading level accounted for 6.7% ($n = 1$) of online content.

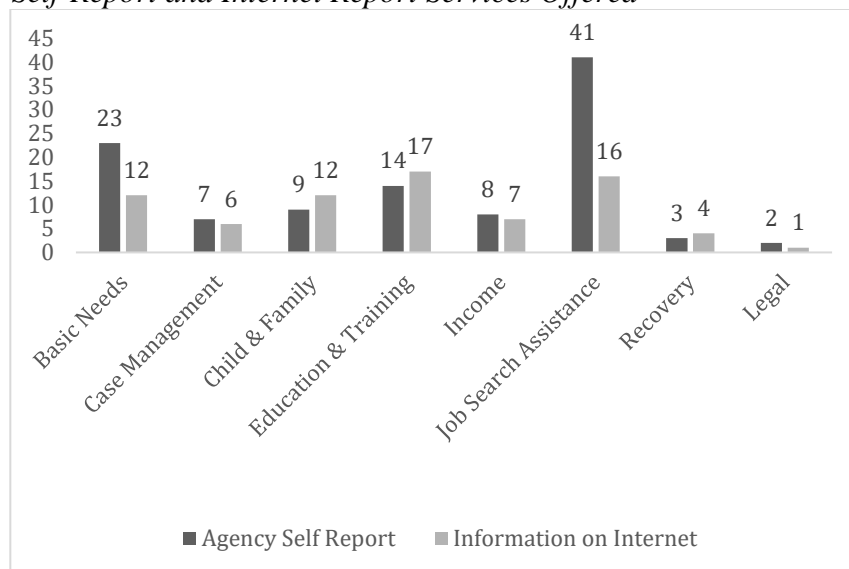
Awareness of services and discrepancies between reported services of participants and services listed online were frequent (i.e., research question two)

The bar chart (Figure 1) represents the frequencies of which service categories agencies self-reported offering, compared to the services listed on their websites. Figure 1 displays the overall results for this area of inquiry. Job Search Assistance is the most frequent self-reported service in the current sample, yet the agency websites' mention of these services lags in comparison to the self-report. This is similar to the trend in the second-most self-reported service, basic needs, which was also not reported on the internet as often as participants noted. Education/training is the most frequently reported service on the internet, followed by job search assistance, indicating occupational services are a priority for agencies to communicate to their constituents online, even with discrepancies in participant self-report in these categories. Finally,

none of the eight categories were self-reported and reported on the internet at equal rates. More detailed information on awareness of services and discrepancies, by category, follows.

Figure 1

Frequencies of Self-Report and Internet Report Services Offered



The education and training category is defined as services that encompass adult education, such as GRE classes, and training services, such as business skills professional development. Within the education and training category, participants self-reported 14 services for adult education and training services. The online search of agency websites resulted in 17 indicators for this category: local union apprenticeship, character development, good work behavior, small business development, small business training, exploring entrepreneurship, business etiquette, business registration & taxes, financing your business, business marketing, industry-specific workshops, certification courses for sit-down forklifts, adult education programs, and GED programs. More services were found ($n = 17$) than were indicated by participants ($n = 14$). The job search assistance category also noted more services than were indicated by participants. Job search assistance is a broad category of any services related to assisting constituents with job placement. Participants indicated 14 such services, although the online search of agency websites resulted in 16 indicators: job application assistance, assessment (career/education), interviewing (skills, readiness, mock, and dress for success), and job search assistance (resume development, web navigation, networking, and collaborating with placement agencies). This category had the largest discrepancy between self-reported services and the online search.

The basic needs category is defined as services that target survival necessities. Participants indicated 23 services for food, housing, and transportation. The online search of agency websites resulted in 12 indicators for this category: food pantry, food bank, food kitchen, homeless shelter, transitional housing, housing readiness, transportation coupons/fare programs, and car ownership programs.

Related to basic needs was the income category, defined as services targeting constituents' financial literacy. Within the income category, participants indicated eight services for financial literacy. The online search of agency websites resulted in seven indicators for this

category within: wealth building, financial literacy workshops, seminars, training, and education. This shows a minimal discrepancy between what participants reported and the online search for available services.

The child & family category encompasses services related to any support for parenting or childcare. Participants indicated nine services for supporting parents, direct services to children, and educational services. The online search of agency websites resulted in 12 indicators for this category: child education services, tutoring, teaching, private instruction, mentoring, childcare vouchers, childcare services, directed learning activities, summer camp opportunities, and after school programs. Participants underestimated the number of services provided in this area.

Next, the legal category includes services for constituents that provide legal assistance. Participants indicated two services for legal assistance. The online search of agency websites resulted in one indicator for this category. There was a minimal discrepancy between what participants reported and their agency websites.

Case management is defined by the Case Management Society of America (CMSA) as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes” (CMSA, n.d.). Within the case management category, participants indicated seven services for direct staff support for case management. The online search of agency websites resulted in six indicators of case management service provision, such as case management, social work services, direct staff support, and wrap-around services. There was a minimal discrepancy between participant reports of services and their agency websites.

Lastly, under the recovery category, includes access to services to meet individual or family quality of life needs. Participants indicated three services, while the online search of agency websites resulted in four services, for people with disabilities, mental health challenges, medical health care needs, and substance use recovery services. There was a minimal discrepancy between participant report of services and their agency websites.

Accessibility includes the opportunity to receive support or assistance from an agency (i.e., research question three)

We examined how many services are available to individuals in five distinct categories: those (a) in crisis, (b) at risk, (c) safe, (d) stable, or (e) thriving. The results below highlight how many services were accessible to people in the five categories based on agency participants reported programs and services. For example, an agency might deem a person as “in crisis” if they are actively abusing drugs and homeless. If the agency provides housing, but a prerequisite to getting support from the agency is sobriety, then the agency does not provide housing services for a person “in crisis.”

Overview of Table 1

The results displayed in Table 1 are organized by the eight overarching service categories. Accessibility of agency services and support is available most often to persons deemed to be in the “safe” category ($n = 82$). The next group with access to services and support are persons deemed to be in the “at risk” category ($n = 68$). From there, the accessibility of services took a steep decline in reported services for individuals deemed to be in the “stable” category ($n = 19$). Reported services for individuals deemed “in crisis” were very low considering their status as the most vulnerable group ($n = 13$). Lastly, individuals identified as “thriving” ($n = 3$) are the least likely to have targeted supports, as reported by participants.

Table 1
Agency Selected Crisis to Thriving Domains by Eight Service Categories

Service Categories	Agency Domain					Total
	In Crisis	At Risk	Safe	Stable	Thriving	
Education & Training	1	9	14	2	1	27
Basic Needs	1	16	16	5	0	38
Income	1	2	7	2	0	12
Child & Family	0	6	5	0	0	11
Legal	0	2	1	0	0	3
Recovery	0	7	2	0	0	9
JSA	10	24	33	6	2	75
Case Management	0	2	4	4	0	10
Total	13	68	82	19	3	185

Note. JSA = Job Search Assistance.

Education and Training. Participants representing human services agencies identified themselves as providing services that fall within the categories of adult education and general training. There were 27 indicators representing service provision in this area. Of those categories the primary group serviced were people who were safe ($n = 14$), and one identified servicing people who were in-crisis.

Basic Needs. This included HSAs that identified themselves as providing services in food, housing, and transportation. There were 38 indicators representing service provision in this area. The services were primarily for people at risk. There was only one agency that identified servicing people who were in crisis, with the primary group of people serviced being those who were at risk ($n = 16$) or safe ($n = 16$).

Income. The income category included agencies that identified as providing financial literacy services. There were 11 indicators of service provision in this area. Of those agencies, zero identified servicing people who were in crisis, with the primary group serviced being people who were safe ($n = 7$).

Child and Family. This included HSAs that identified as providing support for parents, direct services to children, and educational services. There was a total of 11 indicators of service provision in this area, with no agencies identifying servicing people who were in crisis; however, the primary group serviced were people at risk ($n = 6$).

Legal. HSAs that identified themselves as providing legal aid, support, and consultation, were included in the legal category. There were three indicators of service provision in this area, with no agencies identifying servicing people who were in crisis. Primary services were for people who were at risk ($n = 2$).

Recovery. This included HSAs that identified themselves as providing services for people with disabilities, mental health challenges, medical health care needs, and substance use recovery services. There were nine indicators representing service provision in this area. Of those agencies, zero identified servicing people in crisis; the primary group serviced were at risk ($n = 7$).

Job Search Assistance. Included HSAs identified themselves as providing services that fall within the following categories: application, assessment, interviewing, and general job search assistance services. There were 75 indicators representing service provision in this area. Of the 21 HSAs, 10 identified services for people who were in crisis; the primary service group was people who were safe ($n = 33$).

Case Management. Included HSAs that identified themselves as providing social work, case management, or other direct staff support. There were 10 agencies representing service provision in this area. Of those agencies, zero identified servicing people who were in crisis, with the primary group serviced being people who were safe ($n = 4$) or stable ($n = 4$). In summary, services for people who were in crisis were low ($n = 13$) as compared to services for people who were safe ($n = 82$), which was the highest category.

Discussion

The primary objective of the current study was to increase understanding of the accessibility of human services programs from multiple vantage points, guided by the systems framework for understanding social settings (Tseng & Seidman, 2007). The systems framework for understanding social settings was developed to theoretically understand aspects of settings, which can be intervention targets to reduce the potential barriers consumers face to accessing programs and services (Tseng & Seidman, 2007). The goal of the current study is to inform administrators of potential intervention targets that can lead to increased accessibility of human services agencies by constituents in need. The first target, *resources*, was operationalized as agency websites reading-level accessibility, and service awareness as evidenced by deliberate action to ensure that most people have access to information about the agency's services.

The second target, *social processes*, involves agency representatives' knowledge of services provided by the HSA as a whole. Our results showed discrepancies between representative self-report and online report of services by HSAs in all eight program categories; this discrepancy is related directly to miscommunication at two levels, within agencies and consumers through the internet.

The third and final target, *organization of resources*, sought to understand how constituents at all levels of care had access to resources. The current study found that most agencies reported not providing or miscommunicating services available to people in crisis; this is a challenge because this group is arguably the most vulnerable population among all the categories of people served. The three intervention targets and research questions will be discussed further in the following sections.

Readability of Agency Websites

The study first focused on the concept of resources (e.g., human, economic, physical, and temporal) within the systems framework for understanding social settings (Tseng & Seidman, 2007), through investigating research question one: “Are websites at a fifth-grade reading level, which is recommended to increase the accessibility of the content?” For the current study, each HAS’s website was considered an important resource, given the necessity of this resource for potential constituents to understand what services the agency offers (Hoefer & Twis, 2018). The results showed that out of the 15 HSAs with websites or online content that could be analyzed, none were at the fifth-grade reading level, and all were 11th-grade level or above. The readability consensus of agency websites ranged from the 11th- to 24th-grade reading level; this indicates that in this sample of HSAs, no websites or the equivalent online content met the suggested target of a fifth-grade reading level (Friedmeyer-Trainor et al., 2012; Vernon & Lynch, 2003). In the current sample, the majority of websites contained text at the 14th-grade (i.e., college equivalent) reading level. This suggests that people with low literacy levels will not have access to the website content. Unfortunately, this finding is also reflected in prior research (Friedmeyer-Trainor et al., 2012) that suggests that most online HSA’s content is inaccessible to the majority of constituents. As the internet is one of the primary ways people connect with health and human services information, and many current and potential consumers consult the agency’s website prior to visiting in person (Sbaffi & Rowley, 2017; Swire-Thompson & Lazer, 2020), this inaccessibility due to the reading level of the websites is concerning. The next potential barrier consumers can encounter is the HSA staff’s own awareness of their agency’s services.

Awareness of Services

Social processes are a part of the systems theory related to norms, relationships, and participation in activities between individuals (Tseng & Seidman, 2007). For the current study, this is operationalized as agency representatives’ knowledge of programs offered by the agency (i.e., the social interactions between HSA employees leading to a shared knowledge of services offered within the agency). The related research question was, “Are agency staff aware of the services provided across the agency?”

The results showed that HSA representatives were unable to correctly identify the number of services offered in all eight categories of programs assessed in this study. Either agency representatives self-reported more services than could be located online, or they reported fewer services. In social processes, this occurrence can be explained through the quality of ongoing transactions between two or more people or groups within the agency, wherein there is a constant stream of action, transactions are repeated, behaviors are recalibrated based on the feedback received, and patterns are reinforced over time (Tseng & Seidman, 2007). Relatedly, Campbell (2016) reported that the skills and tasks required for successful collaborative work include adopting a deliberate strategy of exchanging information and facilitating staff from multiple areas through intra-organizational collaboration. Another study highlights a phenomenon found in the literature related to human services professionals and other providers of care: the adverse impact of working in silos, which limits communication and understanding of roles and responsibilities of others in their system (Kaufman et al., 2014). These silos are potentially detrimental because they unknowingly limit access to care and services by limiting the ability to assess and react to the needs of constituents (Kaufman et al., 2014). The other potential reason for the discrepancy between self-reporting and website analysis could be inaccurate website information. When websites have inaccurate or incomplete information, the

large number of people who utilize the web for social care information before and sometimes in place of visiting an agency in person suffer costs in terms of effort, time, and material resources (Baxter et al., 2008). The reporting of fewer services than what is noted online indicates a growth area for social processes (Tseng & Seidman, 2007): HSAs can strive to fully represent all of the services they offer within their agency on their website since research shows people are often making health and social-health-related decisions based on online information (Swire-Thompson & Lazer, 2020). Therefore, it is important for an agency's website to reflect all programs they offer currently. In other instances, agencies self-reported fewer services than were found online. These agencies reported fewer services in the categories of child and family services, education and training, and recovery. Reports of fewer services than noted online indicates a growth area for social processes (Tseng & Seidman, 2007).

Accessibility for All People

The final potential barrier to accessibility is the organization of resources in systems theory (Tseng & Seidman, 2007): the researchers were interested in understanding how HSA resources were organized and allocated, and, in particular, for whom (e.g., those in crisis, stable, etc.). Organization of resources is important because changing the ways resources are organized (i.e., what services the agency offers to whom and the money to fund services) can change setting outcomes—in this case, the constituent's outcomes—to the extent that doing so also alters social processes (i.e., what is communicated as a priority; Tseng & Seidman, 2007). In order to investigate this barrier, the researchers asked one final research question: "Is the provision of services reaching all vulnerable populations indiscriminate of crisis level?" When conceptualizing this research question, one can think of structural barriers, which are obstacles that collectively affect a group disproportionately and perpetuate or maintain stark disparities in outcomes (Murphy, 2015). Structural barriers can be policies, practices, and other norms that favor an advantaged group while systematically disadvantaging a marginalized group (Assari, 2018).

The results of the current study showed overwhelmingly that people in crisis were not the target population of service provision ($n = 13$). The constituents most served by the HSA were people who were safe ($n = 82$). This is a social justice issue as people "in crisis" are arguably individuals who will benefit the most from HSA assistance (Murphy, 2015).

However, funders and other pressures for "successful outcomes may bind human services agencies to focus more on persons that are closer to the category of 'safe'" (Pfiffner, 2020). With increased pressure to have successful outcomes, do more with less, and the looming end of the year outcome evaluation demanding evidence of "impact," difficult decisions are made about what people the agency can support (Mosley & Smith, 2018). Consumers who are in crisis may be thought of as less likely to have measurable, "successful" outcomes, as opposed to those who are *safe*. There are also liability and safety concerns, policy barriers (i.e., the agency does not treat anyone actively using an illegal substance), which makes providing services to those in crisis much more complex (Kfir, 2014; Sangji et al., 2014).

In summary, the results of the current study found that HSA's websites are inaccessible due to three barriers: reading levels, agency representatives' lack of knowledge about their HAS's services (as noted on their agency websites), and the lack of access to services for our most vulnerable members of society (i.e., those in crisis and at risk). These social justice issues can be addressed by human services agency administrators and by changing policy. The context of these findings is also important, as the majority of agency representatives reported a decline in their operating budget, lack of ability to provide adequate services because of space and lack of

personnel, policies that create barriers to service provision, and the sheer number of consumers that need help.

Implications

Human Services Agency Administrators

The results of the current study have practical implications for HSAs, HSA representatives, and HSA administrators seeking to increase the accessibility and impact of their organizations. First, HSAs should ensure their websites or online information is written at a fifth-grade reading level, as this will allow the greatest number of current and potential consumers of their resources to access information. To reach this target, administrators can take an inventory of their website through websites such as <https://readabilityformulas.com/free-readability-formula-tests.php> They can also hire someone to update their website or ensure that the website content is constantly monitored and observed for readability and up-to-date content by an HSA employee.

The results also suggest HSA administrators and managers should develop opportunities for interprofessional collaboration within units and their agencies. A target goal of an HSA in which the staff are not aware of services outside of their specialty could be to develop interprofessional working groups to help people work outside their silos and more efficiently toward helping clients reach their health and wellness goals (Johnson, 2018). Even informal events, such as meet-and-greets and social gatherings, where people from different teams have a chance to meet, could weave interprofessional collaboration into the organization. This will lead to people becoming aware of what others are doing, the services offered outside their specialty area, and will encourage continued working outside their silos (Johnson et al., 2014; Johnson et al., 2013). Along these lines of communication, the results showed discrepancies between self-report and agency website report of programs; again, a contractor or an HSA employee dedicated to consumer communication should ensure the website is accurately and comprehensively reflecting all services offered and describes them in a way that is easy to understand.

Finally, the results showed a need for HSAs to increase services for people who are in-crisis. As mentioned previously, there are multiple reasons for this gap in services, including outcome measures and the complexity inherent in serving those in-crisis and at-risk. First, it is necessary to determine another method of quantifying success. Success could be determined by how many people in-crisis an agency serves; funders could also earmark funds to be spent on serving people in crisis. The current study took place in an urban location where the urban city is responsible for funding non-departmental grants. These grants are designated for services that the city is unable to administer directly; instead, the city administers non-departmental grants to HSAs with missions aligned with city goals. The agencies included in the current study all focus on minimizing barriers to health and human development through services such as educational programs, recovery, and assistance with social health needs. Administrators have a responsibility to ensure that grant funding is spent appropriately and used to serve their mission.

Additionally, it would be beneficial to hold collaborative events with different HSAs in the same geographic area with complementary services, so if one agency does not offer services in all eight program areas to all service categories (i.e., from thriving all the way to in-crisis”), HSA representatives could refer the individual or family to another agency. The findings of the focus group revealed that though HSAs were diligently attempting to track service delivery, they could benefit from strategies to capture their data more effectively. HSAs were also spreading themselves too thin by attempting to provide all services to residents instead of services in their area of specialization. For example, several agencies drained their budgets by providing free bus

tickets, even though such a service was unrelated to their stated purpose or listed on their website as a service. Creating an integrated services network could increase collaboration, enable regular communication, and promote discussion.

Policy

There are important policy implications from the current study's findings. First, due to the staggeringly low number of programs offered for people in crisis, funding organizations could mandate a percentage of grant money received should be designated for use with people in-crisis, or at least prioritize those HSAs who do assist those in crisis and at risk. In addition, if measures of success are revised not to penalize programs that treat people in crisis, and success is measured differently regarding consumer outcomes, extending service to the most vulnerable populations will be incentivized. Furthermore, policies around online accessibility will enable potential consumers to understand their choices and services available to them. Finally, policymakers play a key role in setting policy and program requirements across human services in ways that incentivize alignment of performance measurement. States and localities have taken some of these actions, but increased intentionality around this aim is a promising move toward alignment. A performance framework could meet the local demands for service delivery, while meeting the accountability expectations of the use of public funds at the state and federal level.

Limitations

No study is without limitations and thoughtfully we address the limitations of the current study below. Over 100 nonprofit or for-profit human services agencies exist in the city under study and its surrounding counties, but our sample size included only approximately 20% of these agencies. While the sample size was small, the use of focus group methodology allowed for a robust gathering of information, and the time allotted for the group allowed for in-depth responses. In the results section, we reported on agency characteristics, but in hindsight, the demographic variables of the participants may have been important for drawing conclusions and to highlight the diverse representatives who participated in the study. The authors chose not to collect demographic information on the participant representatives because of concerns around identification and anonymity. Participants also voiced concerns about being identified in any final reporting, so we respected their concern and did not heighten their fears by collecting intrusive demographic data. Lastly, we choose focus group methodology because it is useful in obtaining detailed perceptions, opinions, and a broader range of information. The added benefit of focus groups is the many opportunities for people to share their expertise and to seek and provide clarification. However, using focus groups with opinionated leaders at times distracted from the main focus, led to disagreements, and led to irrelevant discussions. It appeared that it was also difficult for some to participate and be vocal amidst louder, more dominant voices. It is noted that a limitation was not following up with individual interviews or at least interviews with people who appeared to be quieter during focus group discussions. These limitations provide interesting directions for future research.

Future Research

Increasing access to human services goes beyond satisfying the "check box" of whether a service was delivered. A sustained systemic investigation of human services agencies and their consumers must be maintained to understand the structural barriers to accessing human services. Long-term effects of inhibited access have implications for economic mobility, improved health outcomes, and quality of life. One example of a systemic area of interest is if websites and HSAs restrict accessibility based on citizenship. Future research could also identify client needs associated with each domain in this study, and the overload associated with each. Future research

could explore avenues to formalize policy labs for university partnerships to aid in research and evaluation to assist with ensuring that outcomes are achieved. Both quantitative and qualitative studies of a larger scale would also be beneficial. Training government and community-based stakeholders in running effective focus groups and keeping track of their outcomes on an annual basis would increase accountability. Accountability mechanisms such as public dashboards could provide updates, track service delivery, and monitor resident mobility along the stability continuum.

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