OVERVIEW

The Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act, currently before Congress, addresses the lack of coordination between social service and health organizations. Through public-private partnerships, it offers states and regions incentives to use technology to equalize access to essential services.

Section 3 of the proposed legislation focuses on evaluation, requiring the U.S. Comptroller General to assess service provider networks based on seven criteria. Research by networks expert Michelle Shumate and her colleagues suggests that the LINC Act should include three additional evaluative measures to encourage the effective and equitable provision of services through these networks.

The proposed networks in the LINC Act offer a chance to establish crucial connections between healthcare and social service providers. Well-designed and well-evaluated networks can fulfill essential needs, especially in underserved communities.

FINDINGS

Funded networks must collect and report activity metrics. Activity metrics describe how network activity results in social impact. We find integrated networks make a social impact when they effectively match help-seekers with the social service and healthcare organizations that meet their needs. For these networks to demonstrate their efficiency and effectiveness, our research indicates a need to collect four types of evaluation metrics:

- **Quality control metrics** capture interactions between navigators and those seeking help.
- **Demand metrics** record the number and type of requests by whom to assess community needs.
- **Supply metrics** track available service and the capacity of providers to supply them.
- **Process metrics** trace the quality of referrals made, including their efficiency and outcomes.

Community Resource Referral Technologies can collect each of these metrics when the technologies support closed-loop referrals. Closed-loop platforms track where a help-seeker is referred and the outcomes of that referral.

Funded networks must separately evaluate outcomes and activities by service type. If the LINC Act promotes generic measures, it can lead to misrepresentation of network outcomes. This happens when agencies are “cream-skimming”—or promoting the easiest services to provide, such as food assistance, over more complex ones, such as navigating benefits.

To combat “cream-skimming,” we recommend that the LINC Act track three service categories (low-, mid-, high-complexity). We identified them by...
studying the activity metrics of the AmericaServes networks—11 integrated social service networks serving veterans and military families. They use a closed-loop community referral platform that tracks accuracy, or if each service episode was routed to the right provider; efficiency, or the time to care; and effectiveness, or if the service was provided. The more complex the service, the lower its accuracy, efficiency, and effectiveness.

**Require funded networks to separate outcome and activity metrics by race, ethnicity, and gender.**

Studies show that coordination among health and social service organizations can lower barriers to access and improve community outcomes. Requiring separation of outcome and activity metrics will show for whom integrated networks provide the best, and worst, outcomes, allowing resource reallocation to meet the needs of underserved groups.

**METHODOLOGY**

The researchers used cluster analysis to identify three categories of services, based on service complexity. They further explore the identified clusters’ influence on network functioning and effectiveness through linear mixed models.

**FACTS AND FIGURES**

- The AmericaServes study used 30 days of 2020 service data (N = 1,575) to compare 11 networks’ performance.
- This is one of the first studies to use real-time data to show how the work of care systems affects total performance.

**REFERENCES**


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