

Changing the rules

of the road

outcomes

community

families

partnerships

independence



Wake County Human Services



Introduction

It is with great pleasure that the Wake County Human Services Board shares the experiences of the agency as it went through a total reengineering. This was a very exciting process that tackled the tough questions of what should and can government do and how can it do it best. It created a new work culture and changed the way Wake County Human Services does business—from establishing priorities to measuring outcomes.

The following report describes the reengineering process that brought together the county's three major human services agencies into the consolidated Wake County Human Services and how this has affected service delivery. It's also a tribute to the innovative ideas and talents of staff and others who came together to create better tools and strategies to serve the citizens of Wake County.

As a result of the reengineering, we have seen tremendous improvement in the quality, effectiveness and efficiency of Wake County Human Services. We believe that many of the ideas and concepts included in this document can be useful to other professionals who are taking a hard look at how to best serve their constituents.

Wake County Human Services is truly changing the rules of the road. We believe that our efforts reflect all that is good government. As we move forward, we will continue to follow our road map so that individuals, families and the community will all benefit.

Greg Patterson
Chair



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Prior to the reengineering process, there were three major human service agencies serving Wake County: the Department of Public Health, the Department of Mental Health/Substance Abuse/Developmental Disabilities (MH/SA/DD) and the Department of Social Services. Each of these departments functioned separately with its own semi-autonomous board of directors and its own director.

The directors of these departments were hired by and answerable to their respective boards. The operation of the departments was the responsibility of the directors and the boards. County commissioners' and the county manager's involvement was limited to making board appointments and approving budgets.

There were numerous problems with this system of providing services to the citizens of Wake County. The Departments of Public Health, MH/SA/DD and Social Services worked independent of each other, resulting in little or no coordination of services between the organizations. This resulted in fragmented services as well as duplication of services and administrative functions. Families and children with multiple needs were especially affected by fragmented services. They often had to go to numerous places to get all the services they needed.

For example, the Department of Social Services was responsible for treating families where child abuse occurred in the context of the family. The Department of MH/SA/DD developed a program for youth-on-youth abuse and outsider (outside the family) child abuse. The two programs had very similar approaches and treatment strategies. There were also children needing treatment who were being abused both within and outside the family. However, because of the lack of collaboration, these children could not receive all the needed services from one source.



Another excellent example of the fragmentation of services revolves around people who were on welfare who were mentally ill or mentally retarded. The Department of Social Services and the Department of MH/SA/DD did not work together to really help these people get off welfare.

All of these problems culminated in a system that was perceived as being ineffective. As the need for services continued to grow and the funds available began to shrink, running three separate departments was deemed too inefficient and expensive. A new system needed to be created to meet these increasing demands in a more efficient, cost-effective manner.

The Reengineering Process

Historical Perspective

The reengineering of Wake County's Departments of Public Health, Mental Health/Substance Abuse/Developmental Disabilities and Social Services did not happen overnight. While the current organization was approved in December 1996, the first attempts at reorganization began in 1984.

Timeline:

1984 Attempts to consolidate agencies unsuccessful

1990 Human services department formed in county manager's office

1995 Wake County Commissioners decide to consolidate agencies

1996 Wake County Human Services officially becomes the consolidated agency

In 1984, the county manager tried to initiate action to change legislation in order to consolidate the three agencies. However, his efforts at this time failed.

In 1990, the county manager felt it was important to have a more active role in the operation of human services. He created a human services department to address some of the services he felt were falling through the cracks of the other three major agencies. In July 1990, he hired a new department head to work with the directors of the three agencies to promote inclusion of the county manager's office in their activities.

To facilitate a more collaborative relationship between the county manager's office and the Departments of Public Health, MH/SA/DD and Social Services, the four groups came together to work on one issue: children. A special, interdisciplinary team was created to work on the most difficult, complicated children's cases from any of the departments. The Children's Initiative resulted in cross-agency activities where those involved got to know each other and learn more about what their peers in the other agencies were doing. This project not only included the three agencies but the school system and the juvenile court system. This collaboration also led to the creation of the Ready to Learn Centers and SAFE, a substance abuse prevention initiative. The Children's Initiative, which began in 1992, proved to be the forerunner of the reengineered system.

New Plan Requested

In 1995, motivated by the need to save money and concerns about duplication of effort and fragmentation of services, the Wake County Commissioners determined that a consolidated agency would be the best approach to providing services. The goals of the reengineering process were to:

- ▲ improve service to the customer through reorganization, increased collaboration and improved coordination;
- ▲ decrease costs; and
- ▲ maintain active and effective citizen involvement in policy development for human services.

Initially, the commissioners wanted to serve as the board for the new agencies and to make all the policies. This proposal was abandoned after negative public reaction. So the county commissioners formed a steering committee to develop a plan for consolidating the three agencies.



Creating a Consolidation Plan



The reengineering was a collaborative process involving:

A steering committee

Dedicated staff positions

The director

A consultant

Staff work groups

Leadership team

Citizen focus groups

Consumers

Partners

A steering committee was formed in the spring of 1995 to oversee the reengineering process. On the steering committee were three citizens at large (one of them, the president of Wake County Medical Society, served as chairman of the committee), a board member from each of the agency boards, the president of Wake Medical Center, representatives from the county manager's office and the three major human services agency directors.

The steering committee did not work alone in creating a new plan for providing human services. Throughout the process, staff work groups, citizens, non-profit agencies and employees took an active role.

Four dedicated staff positions, the director of Wake County Human Services and a consultant planned and managed the reengineering process. They were supported by several committees. Together, they formed the recommendations submitted to the steering committee for consolidating the three agencies into one.

A total of about 150 employees from the Departments of Public Health, MH/SA/DD and Social Services served on staff work groups. These staff members were organized into four direct-service and three support-service work groups. The direct-service work groups were:

- ▲ Children and family services
- ▲ Family self-sufficiency services
- ▲ Adult services
- ▲ Community health

The support-services work groups were:

- ▲ Communication and accountability
- ▲ Resource development
- ▲ Automation and technology

The chairs of each of these committees, along with the directors of the three major agencies and the newly appointed human services director, formed the leadership team that oversaw and coordinated the efforts of the work groups. The staff work groups and the leadership team worked together to formulate detailed recommendations for structural changes that were then submitted to the steering committee.

Throughout the planning process, internal and external communications played a crucial role in garnering employee and public support for the consolidated agency. As part of the internal communications, the new director of human services held question-and-answer sessions about the reengineering process for employees. Bulletin boards were also placed throughout the agencies' facilities so employees could have access to regular updates.

Public input and buy-in was also very important in developing a workable plan. To this end, numerous community forums and public hearings were held to explain the proposed consolidation of the three major agencies and to receive feedback. There were also meetings with stakeholder groups, such as the Arc of North Carolina, communities of faith and citizens in public housing, among others. Consumers were involved in focus groups. There was also a public comment period on the report that would be submitted to the county commissioners.


In general, the public supported the proposed consolidation. The greatest resistance came from advocacy groups for people who are mentally ill or mentally retarded. They were concerned that if there was not a separate mental health function, then there would be inadequate services provided for these populations.

Making the Recommendations Law

After eight months of diligent work by all of these committees and the community, the steering committee finalized its report, *Reengineering Wake County Human Services Systems*. It was submitted to the Wake County Board of Commissioners January 2, 1996. In February of that year, the county commissioners approved the plan. However, for many of the recommendations to be implemented, there needed to be changes made in state legislation. Legislation was introduced and passed in the 1996 short session of the North Carolina General Assembly, making it possible to move forward with implementing the reengineering plan.

Six months later, Wake County Human Services officially became the consolidated agency on December 6, 1996.





Wake County Human Services

New Structure

The most obvious and immediate change as a result of the reengineering process was the consolidation of the Departments of Public Health, Mental Health/Substance Abuse/ Developmental Disabilities and Social Services into one agency—Wake County Human Services. At the same time, the Child Support Enforcement Office, the Job Training Office and Housing and Community Revitalization were incorporated into Wake County Human Services. Human service functions contained in the Cooperative Extension were also connected to the new organization.

Wake County Human Services is headed by one director. This director is hired, evaluated and terminated by the county manager with the advice and consent of the Wake County Human Services Board. The director is responsible for the strategic direction and overall management of the agency.

To ensure continued citizen involvement, the Wake County Human Services Board is composed of consumers, citizens, physicians, professionals and a county representative. The Board can have up to 25 members:

- ▲ 8 consumers/advocates/family members
- ▲ up to 6 citizens at large
- ▲ 2 physicians, one who is a psychiatrist
- ▲ 1 county commissioner
- ▲ 8 professional members

Board members are recommended by the existing board based on the need for certain representation. Their recommendations must then be approved by the county commissioners. Board members are appointed for four-year terms and can serve up to two terms. The chair of the board is elected by its members.

The Wake County Human Services Board serves a dual role as a policy and advocacy board. It is responsible for reviewing all plans and initiatives for Wake County Human Services. In addition, it advocates the county's need to serve people who most need it—on a long- or short-term basis. The board members are also active in lobbying for various Wake County Human Services ventures and marketing the agency's services.

As part of the reengineering process, the agency management and staff have also been realigned. The upcoming section, A New Way of Doing Business, addresses the change in philosophy at Wake County Human Services which drives how it provides services. This new way of doing business is centered around 12 outcomes. These outcomes have also become the foundation for a new management structure.

Initially, seven outcome groups provided the administrative home for the programs and services that are the responsibility of the county:

- ▲ Family and Youth Success
- ▲ Community Health
- ▲ Economic Self-Sufficiency
- ▲ Emergency and Adult Health Services

- ▲ Adult Community Support Services
- ▲ Resource Management
- ▲ Accountability

The leaders of each outcome group, in partnership with the director of Wake County Human Services, formed the Leadership Team. Other individuals, such as other professionals and line staff, could also be appointed by the director to serve on the Leadership Team. The Leadership Team was accountable for the progress of Wake County Human Services toward established outcomes. It was also responsible for the collaboration within and between the outcome groups.

Efficiency and Effectiveness

With the consolidation of the three agencies into one, Wake County Human Services realized an initial savings of about \$1.4 million. Most of the savings came from cutting unnecessary or duplicate positions and services. All of these funds were reinvested in priority areas. There have been no long-term cost savings because the growing Wake County population has resulted in an increased need for services without the corresponding increase in funding.

Wake County Human Services has also done a lot of self-examination to determine if it is providing services in the most cost-effective manner and to assess its role as a service provider. Shortly after it became one agency, Wake County Human Services identified 10 programs that became "Areas of Study." The purpose of this project was to determine whether other organizations could provide the same services at less cost with equal or greater effectiveness. Areas of Study also introduced the concept of competition within the organization. In most cases, Wake County Human Services determined that it should continue to be the service provider because other organizations either couldn't do it cheaper or did not want to provide those services.

The results of the Areas of Study project weren't necessarily either/or. For example, when looking at providing child care subsidies, Wake County Human Services determined that both its own agency and a private company, Child Care Resource and Referral, had complementary strengths. The best solution was a collaborative effort that would make the process for applying for child care subsidies more efficient.

The "areas of study" process continues to be a valuable tool for taking a close, focused and objective look at identified programs or functions within Wake County Human Services.

The reengineering of the human services system has resulted in increased efficiency and effectiveness in other areas. With the reorganization, Wake County Human Services has been able to do more with the funds that it has. Wake County Human Services now looks at the continuum of services the consumer needs and works collaboratively with internal staffing resources as well as with other organizations and businesses to effectively and efficiently deliver the required services.

Case Studies

Areas of Study:

IN-HOME SERVICES FOR SENIORS

When Wake County Human Services solicited competitive bids from outside agencies as well as from its own staff to determine the best way to meet senior citizens need for services to enable them to live in their own homes, Resources for Seniors responded with a strong proposal. Resources for Seniors, a non-profit agency in Wake County, specializes in serving the aging population. It was already conducting all the activities that Wake County Human Services had been—and more. Unlike Wake County Human Services, Resources for Seniors offered senior day care, senior activities centers, home improvement and repairs for the elderly and counseling, to name a few.

Resources for Seniors also has the resources and technology to collect the data necessary to determine the best services and allocation of resources. The data is used to maintain a proactive rather than a reactive approach to its business. For example, Resources for Seniors continually evaluates and screens clients and their needs and the services they are receiving. They do this to ensure that the money is spent in the most effective manner. Resources for Seniors also regularly surveys its clients for feedback.



Awarding the contract to Resources for Seniors has been a win-win situation for both agencies. This relationship has been one of the best examples of partnership with the private sector to meet the needs of the clients. It demonstrates the change in philosophy from Wake County Human Services having to be the service provider to making sure the client is served in the most effective and efficient manner.

While the three-month transition from Wake County Human Services to Resources for Seniors went smoothly overall, some staff and clients found the termination of what were often long-term relationships difficult. There was a sense of loss and grief. However, the new partnership with Resources for Seniors freed up Wake County Human Services staff to provide services that only the agency, by law, could offer.

A New Way of Doing Business

Incumbent to the new organization is a new philosophy on how to conduct business. This new philosophy is driven by the fact that the reengineered Wake County Human Services believes that to be effective, it must be

Outcome:

Parents will financially and medically support their minor children

Indicators:

Percent of eligible families receiving child support payments

Percent of children screened with no tooth decay or dental restorations

Percentage of well child care visits among Wake County Human Services clients kept for 3-4 year olds

- ▲ Community based. Features partnerships with neighborhoods and communities to build the capacity of citizens to address their needs and improve their quality of life.
- ▲ Family centered. Incorporates the family as the center of focus where possible, realizing that "family" has a broad definition and that all persons have natural support and/or "families of choice."
- ▲ Prevention focused. Emphasizes the importance of education and early intervention to avoid or reduce the effects of disease, poverty and lack of resources.
- ▲ Culturally competent. Acknowledges the importance and impact of cultural, linguistic, economic, ethnic, gender and age differences.
- ▲ Outcome driven. Directs attention to the assessment of the agency according to the results it achieves and not the specific "products" or "units" it produces.

Focusing on Results: Measuring Outcomes

Prior to the consolidation of the three major agencies, success was measured by counting how many people were served or the number of services provided. With the reengineering process came a shift in how success is measured: from being a "bean counter" to being outcome focused.

Wake County Human Services has adopted twelve outcomes and a collection of indicators on which to measure its success. These outcomes are:

- ▲ Women and families will have healthy, planned births.
- ▲ Families will support their children's successful development.
- ▲ Children will be ready for school.
- ▲ Children and youth will be successful in school.
- ▲ Youth will make healthy decisions.
- ▲ Children and vulnerable adults will not experience abuse or neglect.
- ▲ Children removed from their parents will have a permanent home.
- ▲ The elderly and individuals with severe, chronic disabilities will live as independently as possible.
- ▲ Parents will financially and medically support their minor children.
- ▲ People will find and maintain employment.
- ▲ People will have safe, affordable housing.
- ▲ Individuals, families and communities will have improved physical and behavioral health.

Indicators have been also identified to help determine what level of success Wake County Human Services is having with each outcome. For example, to measure the outcome "women and families will have healthy, planned births," the three primary indicators are infant mortality rate, infant health index and number of short-cycle births.

Case Studies

IMMUNIZATIONS

Being outcome oriented has completely changed the way Wake County Human Services looks at immunizations.

Immunization success used to be measured by the number of shots given. The Department of Public Health had places set up all over the county to give immunizations, usually in conjunction with a physical or other doctor visit. At that time, the Department of Public Health was administering about 60 percent of all the immunizations given in Wake County. In 1990, an immunization-only clinic was set up, resulting in even more immunizations being given because of this clinic's convenience. The department was focused on providing as many shots as possible, not on the outcome. It was surprised to find it was not doing as well as it thought. In the early 1990s, only 48 percent of all two year olds in Wake County had been appropriately immunized.

The federal government's Healthy 2000 program set a goal of 90% of all children being age-appropriate immunized. Wake County adopted this goal but soon realized it did not have the staff or the money to give enough shots to reach this goal. The program had to change its strategy and use resources differently if it was going to meet this goal.

In 1995, the agency became better automated and began tracking children and their immunizations. The county also got local physicians involved in the much-publicized effort to get more children age-appropriate immunized. Wake County Human Services educated health care providers about immunizations, missed opportunities to immunize children and true contraindications to immunizations (for example, having an ear infection shouldn't keep a physician from immunizing a child). The agency also provided brochures, training, incentives for kids such as stickers and cut the red tape involved for doctors to get the vaccines—anything that health care providers needed to help get the job done.



As a result of the involvement of the health care community, the immunization rate went up. In 1995, the immunization rate was 79%. By 1998, the age-appropriate immunization rate was 91%. At the same time, the number of children being immunized in Wake County Human Services clinics went down. Now only about 20 percent of immunizations are given in Wake County Human Services clinics.

Because the immunization program became outcome oriented and partnered with the local health care community, Wake County had the highest immunization rate in North Carolina in 1997 and 1998 (most current data available). Wake County Human Services received the Outstanding Public Health Program award from the National Association of Counties in 1996 for its immunization program.

Before the reengineering process, if a person was dually diagnosed with a mental illness and substance abuse at the Inner City Clinic, only the mental illness would be addressed because that was the responsibility of this clinic. Now that the Inner City Clinic is outcome driven, it is much better at looking at the whole person. Concurrent treatment instead of sequential treatment is provided, increasing the opportunity for a positive outcome for the client.

Not only do these outcomes provide a basis for measuring the agency's performance, it has proved to be the primary mechanism that unites all the programs to a common vision. The outcomes, better than anything else, articulate the reason Wake County Human Services exists. They identify very specific goals. By working towards these outcomes, Wake County Human Services realizes that the only way to succeed is to collaborate—both internally and through partnerships in the community. What used to be fragmented groups are now working together to ensure that the outcomes are met. Focusing on outcomes requires that resources be used differently.

For example, there are a number of Wake County Human Services programs that serve people with mental illness. Before the outcomes were identified, services for people with mental illness were very programmatic and did not cross perceived territorial boundaries. Once these programs came to the realization that the outcomes weren't for the programs but the clients, the various programs began collaborating to ensure that clients receive the services they need, regardless of which program provided them.

Another example can be found in child protective services. Seventy-five to eighty percent of the parents/primary caregivers of children in child protective services are substance abusers. When the child protective services staff suspected substance abuse, they would send the adult to the Alcohol Treatment Center which serves people with any substance abuse problem. The adult didn't always go to the center or if they did, didn't always pursue treatment. Now there is a substance abuse counselor who works with child protective services personnel to do substance abuse assessments and helps the parent/primary caregiver receive the treatment needed. While the need for a substance abuse counselor was recognized earlier, the barriers of the separate Departments of MH/SA/DD and Social Services kept them from working together.

Another practice that has facilitated collaboration between departments to meet the agency's outcomes is co-location. By moving individuals and departments with complementary functions closer together, they have gained a better understanding of each other's roles and how they can work together. The substance abuse counselor for child protective services has her office in its departmental space rather than in substance abuse facilities. By working side by side with the child protective services investigators and the foster care staff, she has gained their trust. This has allowed her to increase her effectiveness and better meet the clients' needs. Vocational services boasts similar success with the co-location of all its related programs.

Families on the Grow is a collaborative effort between Wake County Human Services' Child Protective Services and Early Intervention Services, the Arc of Wake County and the Exchange Center. Together they provide services including educational and recreational programs for parents who have developmental disabilities.

Case Studies

VOCATIONAL SERVICES

Before the reengineering, vocational-related services were scattered throughout Social Services and MH/SA/DD. Work First, Jobs for the Homeless and Child Care Services were part of the Department of Social Services. Supportive Employment and the Clubhouse Model Programs were housed in the Department of MH/SA/DD. Now these, as well as the Job Training Partnership Act Programs and other programs, are in the Economic Self-sufficiency Group.

While all of these individual programs still exist, they are now working together. The link for all of them is the JobLink Career Center that Wake County Human Services is a host site for. The JobLink Career Center is a one-stop location for a variety of employment services. It quickly became the focal point for integrating services and coordinating efforts of the various vocational programs to help people find employment.

Staff from each of the programs work together in the JobLink Career Center. This has provided an excellent opportunity for them to get to know each other and start networking. Through their work with the JobLink Career Center and co-location of the programs, the staff is becoming better informed about services and how to access them and learning more about how they can work together. The end result is a more cohesive system where the clients' needs come first. Now services are blended where it makes sense. For example, a person in the Work First program with a mental illness can now receive supportive employment services.



Because of the collaborative efforts of the vocational services programs, Wake County Human Services can look beyond employment to economic self-sufficiency for its consumers. It's not enough anymore just to help someone find a job so he or she can get off of welfare. With Wake County Human Services' outcomes, the agency is providing a broader range of services for Work First participants in addition to employment. By examining the main factors that contribute to being a Work First participant, Wake County Human Services can provide services that may prevent people from coming back into the system after becoming employed.



Creating a New Culture

Employees that provide automation functions for Wake County Human Services have stepped up to the challenge of bringing the agency into the 21st century. On their own initiative, they have written GIZMO—a software application for contracts. In another project, Wake County Human Services employees put the state's welfare manual on the Internet. This collaboration also reflects a shift in responsibility for ideas from the state to the local level of government.

The school health program is a joint effort between Wake County Human Services and the Wake County Public Schools to provide health, mental health and substance abuse services to students in support of educational goals.

The reengineering process has required a huge culture change that has affected employees, businesses, non-profit organizations, communities of faith and citizens. Wake County Human Services has truly changed the way it does business—and this requires a new attitude and a new approach to serving the citizens of Wake County.

Employees

Employees have been the hardest hit by the culture change. The reengineering process has affected employees differently. Many have embraced the new outcome-driven agency while some others are still reluctant and unsure. For some, they find change to be threatening. Others have had their responsibilities changed. Most employees have had some learning curve in learning more about other programs so that they can successfully collaborate in providing services.

Effective communication continues to play an important role in creating a common culture among employees at Wake County Human Services. As the agency moves forward with its road map strategy, it has created a communications plan to educate staff about the direction of the organization through regular forums, newsletter articles, bulletins posted on the intranet, visuals depicting the agency's strategy and special functions.

As part of the new system, employees are encouraged to take "risks"—to make recommendations on how services can be better provided and to create solutions. Because they work with the consumers, they are in the best position to know what is working and what isn't. They now have the responsibility to speak up so that Wake County Human Services can meet its outcomes. In return, Wake County Human Services works hard to provide a work environment conducive to taking these risks. In its regular newsletter, the director of Wake County Human Services writes a column that is primarily devoted to encouraging employees to take the initiative to make the agency and its services better.

The agency also encourages employees to take actions that will expand their opportunities in the workforce. For example, at the suggestion of the Committee for African-American Concerns, an employee group, Wake County Human Services initiated a mentoring program open to all employees. Employees ask other employees to serve as their mentor during the six-month program. Not only does the mentoring program allow employees to learn more about someone else's role and the qualifications for it, it works to build close relationships that cross hierarchical lines. This helps flatten the organization and makes people feel more comfortable seeking out others for help and/or support outside their natural lines of work.

At its Wide-A-Wake Community Forums, representatives from the faith community, businesses, community groups, law enforcement, educational institutions and Wake County Human Services meet to discuss human services issues facing the community. In 1999, the forum's theme was "Partnerships for Progress: Addressing Substance Abuse." Other forum topics include Work First, violence, housing and homelessness, indigent and uninsured health care, youth: the middle years and funding.

Community

Part of the new culture is realizing that government can not and should not do it all. Wake County Human Services is developing and maintaining partnerships with the faith community, businesses, non-profits and other agencies to ensure that Wake County citizens receive the services they need. These partnerships create a win-win environment for everyone.

Wake County Human Services' strong relationship with businesses has helped many of its clients in their search for employment. The Business Advisory Council of 40 local employers meets with Wake County Human Services staff to identify job opportunities and employee requirements. In return, the agency provides training to the council members on issues such as identifying and dealing with substance abuse on the job.

One of the stumbling blocks to community participation has been a lack of knowledge on how to become involved. Wake County Human Services is expanding its communications efforts to the community to explain the new organization, the evolving role of the agency and how the community plays a large part in meeting the identified outcomes. Another step the agency is taking is having a person devoted to working with the communities of faith to show how they can help with Wake County Human Services' mission.

An important component to Wake County Human Services' work with the community is educating the public on the best way to solve problems. The agency has found innovative ways to educate the community on important topics, especially in the mental health area. At its annual National Depression Screening Day, Wake County Human Services provides programs on depression, conducts screenings and offers referrals to service providers. The agency also sponsors another event each year to heighten awareness and understanding of mental health issues.

Case Studies

EDUCATING THE COMMUNITY

Government functions don't always have to be stodgy, stuffy and boring. Wake County Human Services has sponsored several creative events to educate the community about mental illness.

Wake County Human Services' first venture into theatre was very successful with the sponsorship of "My Sister's Sister." By collaborating with other organizations and businesses, Wake County Human Services was able to bring this nationally touring play about how a woman with schizophrenia affected the family dynamics to Raleigh. The play and the panel discussion that followed were well received by the local theatre community.

The "Healing the Brokenhearted" conference gave Wake County Human Services the opportunity to meet with representatives of the African-American communities of faith in Wake County to discuss mental illness. Ministers are a primary source of counseling and comfort for many people with mental illness. However, they often tend to have an either/or approach to mental illness: either you pray for healing or you take your medications. In a day of prayer, presentations and dialogue, Wake County Human Services and ministers came together to find a common ground and a common language. "Healing the Brokenhearted" was the cornerstone of a new alliance between the faith community and Wake County Human Services as they work together to the benefit of the client.



Citizens

One of the mandates from the Wake County Commissioners for the reengineering of Wake County Human Services was to "maintain active and effective citizen involvement in policy development for human services." This is being accomplished through citizen participation on the Human Services Board. Currently, up to 6 of the 25 members are citizens at large. Citizens are also involved in other areas of Wake County Human Services through its community and volunteer services efforts.

Consumers

Having the consumer as the focal point has driven most of the changes in Wake County Human Services. The outcomes are customer based as is the manner in which services are provided. This is reflected in the new culture's emphasis on improved customer satisfaction.

To ensure continued customer satisfaction, one of the first acts of the new Wake County Human Services Board was to adopt a Consumer Rights Policy that extends protections to all clients of the agency. When consumers contact the agency with a complaint, they often ask to file a formal grievance. The Consumer Rights director and other staff immediately work with the consumer to find alternatives that will satisfactorily resolve the problem. As a result, the Human Rights Board has not heard a formal grievance since the policy was adopted in 1997. In addition to the complaint and grievance processes, third-party advocacy services are also available to all Wake County Human Services consumers. To ensure consumer rights with agencies under contract to Wake County Human Services, members of the Human Rights committee regularly visit these agencies to review their protection and promotion of rights.

Another important feature implemented to improve customer satisfaction is the Call Center. The Call Center offers consumers a single number to call to get referrals to the information they want. This streamlines the process and makes it easier for consumers to access programs they need.



The Future

As Wake County Human Services takes a proactive approach in planning for the future, there are a number of areas that have been identified for continued concentration or exploration. Included among these are emphasizing prevention, expanding partnerships with the community to help people become more self-sufficient, continually assessing the agency's programs and reducing fragmentation and duplication. Wake County Human Services is also taking a hard look at the best ways to create a common culture, deliver services and meet the increasing needs of a rapidly growing population.

The Road Map

Initially, after the reengineering process, the organizational structure of Wake County Human Services centered around the seven identified outcome groups. In the agency's continuing efforts to provide efficient, effective services, it was determined that the agency needed:

- ▲ More focus and follow through
- ▲ More emphasis on prevention
- ▲ More involvement of middle managers and staff
- ▲ Stronger partnerships with the community
- ▲ New management structures to support the refocusing
- ▲ Better support for regional strategies

To address these findings, Wake County Human Services developed the road map strategy—one that gives direction, creates accountability and leaves opportunities for managers and staff to influence the direction of the agency, the processes of change and the results of the agency's work. The road map summarizes strategies, structures, change processes and milestones that will be used. By following the road map, the agency will be able to meet these 12 outcomes (see page 9).

Priority Outcomes

The goal of Wake County Human Services is to improve lives for individuals, families and communities. The 12 outcomes are the driving force for the road map.

Of the 12 outcomes, five have been identified as priority outcomes for the first three years of the road map strategy:

- ▲ Women and families will have healthy, planned births.
- ▲ Families will support their children's successful development.
- ▲ Children and youth will be successful in school.

Volunteers are the backbone of many organizations that provide services to Wake County citizens. Wake County Human Services is working with agencies in the community to help them find volunteers. Many volunteers are found by networking with other organizations, businesses and communities of faith. The agency also works in partnership with other organizations to serve clients in need. For example, the agency seeks out organizations that provide money for sending kids to summer camp, school supplies and holiday gifts.

- ▲ Children will be ready for school.
- ▲ Children and vulnerable adults will not experience abuse or neglect.

Wake County Human Services also identified "change targets" related to these outcomes to strengthen its focus on families with children. The change targets are school-aged children and their families and children and families at risk of or victims of child abuse and neglect. The services and functions that best relate to these outcomes and change targets will be selected for accelerated design and change work. Prevention activities will be emphasized.

Organizational Changes

To accomplish the goals of the road map, a tighter management structure was put in place in March 1999. Wake County Human Services now has three organizational functions: Operations, Services and Change Management.

Within the Operations Function are Resource Management, Performance Improvement which includes Outcome Measurement and Reporting, and Strategic Technology.

The Services function includes the following groups:

- ▲ Community Initiatives
- ▲ Health Services
- ▲ Economic Self-sufficiency
- ▲ Family Support
- ▲ Children's Treatment Services
- ▲ School-based Services
- ▲ Adult Services
- ▲ Southern Regional Center

The agency expects to reconfigure the service groups as the services integration work evolves.

The Change Management Team is responsible for analyzing the current state of services in the priority areas, determining what needs to be done and seeing that it gets done. The team will use the road map as its guide and will plan jointly with the Leadership Team.

Each of these functional areas is headed by its own director: director of operations, director of services and director of change management. These three positions, the board administrator, the policy director, the communications and marketing director and the director of Wake County Human Services form the Executive Team. The Executive Team is the point of accountability and, in the continued work of services integration and the shift to community-based service delivery, supports risk taking, opens doors and cuts red tape.

The Executive Team along with the group directors comprise the Leadership Team. They meet together regularly to discuss, plan and evaluate the agency's progress in meeting its goals.

Increasing Needs/Growing Population

Wake County's population has grown at a tremendous rate in the last decade. By the year 2000, Wake County will be the state's most populous county. The population is expected to rise from 426,000 (1990 census) to over 605,000. With this growing population comes an increasing need for services. Without a corresponding increase in funds, Wake County Human Services will need to continue assessing its programs for effectiveness and efficiency and working to expand the community's role in providing services.

One segment of the Wake County population that is growing dramatically and presenting new challenges to the agency is the Latino population. Wake County is second only to the Atlanta area as having the fastest growing Latino population in the United States. With them, the Latinos bring a different language and a different culture. Wake County Human Services must identify and implement services to respond to the needs of this population.

Regionalization

To become more accessible for everyone in Wake County, Wake County Human Services is expanding its regional approach to providing services. Currently, it has a Southern Regional Center in Fuquay-Varina where many agency as well as county services can be obtained. Wake County Human Services is working towards regional networks in the south, east, north, west and inner city. In establishing these centers, the agency will determine which services are single site and which ones should be regionalized.

With regionalization comes the responsibility of learning more about the communities being served. One of the major advantages of regional networks, beyond convenience, is the ability to cater services to best meet the needs of specific communities. Wake County Human Services will have to expand its collaborative network to include organizations, municipal leaders, businesses, communities of faith and others to achieve the desired outcomes.

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Mission Statement

Wake County Human Services
will promote a healthy and safe
place to live, grow and work.

In partnership with
communities and other
organizations, we will enhance
the ability of families and
individuals to become self-
sufficient to their greatest
ability while ensuring quality
care for those individuals
unable to achieve self-
sufficiency.