

# **THE REPORTS OF MY DEATH ARE GREATLY EXAGGERATED**

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### **INTRODUCTION: Eight Track Tapes and Beta — A Metaphor for Public Agencies**

Public Agencies are dead. They cannot compete in the current environment. They are in a league with eight track tapes, Beta and Apple home computers. Privatization, the perceived answer to the waste inefficiency and uncaring attitude of bloated bureaucracies, is the current buzzword. The theory most often expressed about public agencies from citizens and politicians is that they can't be fixed. "Blow them up and start over" is expounded in the media and on the campaign trail. Bureaucracies are being inundated with questions such as:

- How can bureaucracies maintain the status quo when every other system is being asked to change?
- Are bureaucracies relevant in the current environment?
- Can bureaucracies change in substantive ways or are they merely rearranging the deck chairs on the titanic?

These questions were intriguing, and the BASSC internship provided an opportunity to look at these questions through the experiences of one California county-Sacramento.

Sacramento is a county of approximately 1.1 million people. The county has 350,000 children. Those figures are roughly equivalent to Alameda County which makes the comparison between the two counties relevant. Titillating information that big changes were afoot in Sacramento along with reports about a unique way of dealing with drug issues made the desire to do an internship there quite compelling.

Sacramento did not disappoint. Major systemic reform did occur in Sacramento. Substantive change continues to take place in an atmosphere of collaboration and partnerships with the community. Lessons learned from Sacramento are applicable to Alameda County. The internship and the aspects of change occurring in Sacramento answered the questions about the relevance of public agencies. The simple response is a modified version of a Mark Twain quote, "The reports of public agency demise are greatly exaggerated."

### **REORGANIZATION: "We Killed One Bird with Three Stones" or Increase Your Tolerance for Ambiguity**

Creating a client centered, holistic service delivery system was the goal of Sacramento County's ambitious reorganization which began in August, 1991. Fueled by the Board of Supervisors interest in removing barriers to clients receiving integrated services, an inclusive process involving all segments of the community was implemented to look at reorganization. An evaluation of the current human services system identified the following problems:

- Programs were designed in response to funding demands and specific needs rather than as part of an overall plan and services were isolated, overspecialized, and fragmented.
- Duplication of service across agencies was identified.

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- Contract services were disorganized with significant duplication within the same agency.
- Advisory bodies were narrowly focused and categorical. None had a broad system view.
- Services were primarily crisis oriented and they did not meet multiple needs.
- More energy was spent maintaining the boundaries of programs and screening people out than was spent working to eliminate barriers and provide comprehensive services.

The goal of reorganization was to make services better for the people of Sacramento by:

- Helping people have the highest quality of life possible. Preserving and strengthening families.
- Making access to services easy so that people could get the help they needed.
- Providing multi-disciplinary services to multi problem clients in the neighborhood with a focus on supporting and preserving families.
- Assisting clients in achieving and maintaining self sufficiency and economic self-support.
- Providing generic and holistic services without categorizing problems that meet the multiple needs of families.
- Emphasizing personal responsibility.
- Recognizing that prevention is preferable to reaction.
- Requiring that programs be held accountable through research and evaluation.

The reorganization process included:

- I. Implementation of a well-planned, inclusive community planning process to obtain input and incorporate information received into the reorganization.
- II. Formation of a cross agency transition team. The team had coffee cups which said, "We killed one bird with three stones." They advocated for change in their agencies with the motto, "Increase your tolerance for ambiguity."
- III. III. Design of a process for keeping all community members and county staff informed of the planning which included a newsletter and a series of mini-conferences.
- IV. IV Implementation of a planning process to review existing advisory board structures.

The Board approved reorganization of health and human services into three departments.

### **Department of Human Assistance**

AFDC, General Assistance, GAIN, Food Stamps, In Home Supportive Services, Eligibility for Income, Medi-Cal, Medically Indigent, Disability Case Management, Section 8 Housing/Public Housing Eligibility, Community Based Organizations Providing Financial Assistance

### **Department of Medical Systems**

Medically Indigent Services Programs, Medical & Psychiatric Services for the County, Prisoners and Juvenile Detainees, Emergency Medical Services, California Children's Services.

## **Department of Health and Human Services**

Adult Protective Services, Alcohol and Drug Programs, Child Welfare Services, Public Guardian, Mental Health, Public Health Services/Clinics, Women, Infants, and Children Nutrition (WIC), Child Health and Disability Prevention (CHDP), Health Officer, (Communicable Diseases, Immunization, MCH, Vital Statistics), Community Based Organizations Providing Social Assistance, Oak Park Neighborhood Project

Reviews from all levels of staff in the human services system are positive about reorganization. Families and children are receiving services more effectively. Communication across departments happens easily. Confidentiality, which was a major barrier to providing integrated services, is not an issue. Funding utilized for cross agency projects is significantly easier to obtain. Integrated projects which utilize Public Health Nurses placed in child welfare units and drug and alcohol counselors placed with protective services are in place. Planning, coordination, and integration happens and the direction of human services and strategic planning under one director sets consistent policies and identifies mutual goals.

Reorganization, however, is not a panacea. The separation of human assistance from health and human services is difficult. Although Foster Care Eligibility is physically located with child welfare; communication and coordination is more difficult. Five years post reorganization, language within each division within Health and Human Services remains distinct and unique. Although constant communication and meetings take place, each division maintains separate files, forms and language. In addition, each division maintains a separate computer system. Plans for a single coordinated management information system are due for implementation soon.

### **LEADERSHIP AND VISION:**

#### **Paradigm Shifts are More than Moving Twenty Cents**

Integration, innovation and prevention! Focusing on the client and the community! Cohesion, coordination and compassion! The Sacramento Board of Supervisors and the County administrators office adopted these phrases as goals for service delivery. The vision for public agencies was not to continue to maintain and feed the bureaucracy but to actually become a more responsive system for the people who use it. Reorganization was not without conflict. Turf issues, protecting favored programs, and protecting constituencies arose in the process. Involving staff, clients and the community in the process helped maintain the momentum for change. Significant input from communities and a vision of neighborhood service delivery assisted in making agencies connected.

The importance of leadership was highlighted when appointments were made to head the new departments. The current director health and human services was originally hired as a consultant to the reorganization process; however, his visionary leadership was considered invaluable to the success of reorganization and he was appointed director of the new Department of Health and Human Services (DHHS). The force of his leadership is palpable throughout the department. He demands attention from his staff and he encourages creativity and risk taking. He instituted

several innovations in the department which have had widespread implications for service delivery.

He organized a section in the department, Research and Development (R&D), which operated as a think tank. Its purpose was to bring additional resources to the department as well as to link research and evaluation and real documentation of what works in service delivery.

The director also fostered leadership in others by instituting a training program which focused on facilitation skills for all managers. This training mandated a process of decision making and conflict resolution which fostered collaborative and cooperative decision making required in a collaborative environment. This process has been infused in every meeting in the department. Agendas of meetings are clear. The first item of business is always the selection of a facilitator, a recorder, and a timekeeper. Decisions are made and recorded and each participant of a meetings knows why they are there, what they need to accomplish, and when they will finish. At the close of a meeting, participants know what major decisions have been made, who is responsible for what tasks and that there is a written record. This process is impressive in its ability to move departments along in their planning processes and to provide staff opportunities to exercise leadership.

### **NEIGHBORHOOD STRATEGIES: "Nothing so needs reforming as other people's habits"-Mark Twain**

Letting clients make decisions about the services they need. Putting services in neighborhoods where people can access them easily. Removing bureaucratic barriers to integrating services. Three existing pilot projects were designed to implement a client-centered, holistic philosophy. The projects function to demonstrate that it is possible to reform the way public agencies work with communities.

Community advisory councils govern each project and community partnerships are developed with private agencies in creative ways. Services provided are culturally appropriate and emphasize empowering families to take control over their own resources. Multi-Disciplinary Teams including all members of the staff meet regularly to plan services for families in an integrated way. Difficult cases are discussed to help make services work. MDT members decide who will have the lead, and cases are not closed just because they are difficult. Staff report they are delighted to be in the centers and several eligibility staff expressed the opinion that the neighborhood centers were the best jobs they have ever had.

Community partnerships are an important part of the neighborhood strategies. All organizations have access to public agency resources. They send staff to county training. In addition, organizations chair many of the collaborative committees and call meetings utilizing public agency meeting rooms. The county and the department work to have true community partnerships. The neighborhood programs encourage community empowerment and promote family self-sufficiency.

**ALCOHOL AND OTHER DRUG INITIATIVE: "Loyalty to petrified opinion never yet broke a chain or freed a human soul"-Mark Twain**

Drug and alcohol abuse incidents were flooding the social service and public health caseloads. An average of 490 substance exposed infants were referred to Child Protective Services each year. Almost 48% of mental health and homeless cases reported a substance abuse experience. 24% of deaths reviewed by the Coroner were attributed to substance abuse. At the same time, the supply of drug treatment services was only 23% of the demand and the system lacked the capacity to treat the volume of persons with substance abuse problems.

The solution proposed was to integrate alcohol and drug services throughout the health and human services system. The director was convinced that unless the county grappled with substance abuse as an overriding problem, services provided would be meaningless since substance abuse saturates every aspect of the social service delivery system. The development of the Alcohol and Other Drug Treatment Initiative (AODTI) was developed with the following objectives:

- Converting the health and human services system to one that concurrently provides primary alcohol and other drug treatment services.
- Increasing the knowledge of staff at every level to understand and be sensitive to issues of addiction, recovery, and relapse.
- Increasing the capacity of direct service staff to provide direct treatment services.
- Reducing the waiting lists for community based services and establishing treatment on demand.

The training component consists of three levels, and staff participate in the levels depending on interest and job responsibilities. Level I provides an overview of chemical dependency and begins the introduction to assessment and treatment. Level II provides more advanced information about dependency and assessment and begins treatment skill building. This level also includes training and certification on SASSI, a drug assessment process which provides information about clients and their treatment needs. Level III provides information on special topics and prepares staff to deliver group treatment services.

The drug initiative is more than a training program. It is a collaborative process which integrates staff at all levels. Direct service staff and clerical staff, public agency staff, community based organizations, and neighborhood service staff train together. Staff network, learn the complexities of other programs and the complicated process of addiction and treatment.

The drug initiative has trained child welfare workers, GAIN, neighborhood staff and public health. They are currently in the process of training community organizations, employment, mental health and clinic staff. They have started a process of collaborating with the criminal justice cabinet to bring police, sheriff, probation and the courts into the drug initiative.

Enthusiasm for the initiative is infectious. The group treatment slots in the county have been increased by twofold. Staff are able to begin treatment groups specifically tailored to their clientele. Treatment groups, informational groups for non-addicted spouses and children,

prevention groups for teenagers have all been run by staff. The drug initiative is prevention focused and the initiative estimates that costs for hospitalization, incarceration and courts can be decreased. The initiative maintains that focusing on alcohol and drug treatment in an organized and collaborative way is a unifying process which can move the public agency to prevention focused services, community empowerment and self sufficiency for families.

**IMPLICATIONS FOR ALAMEDA COUNTY: "Few things are harder to put up with than the annoyance of a good example."-Mark Twain**

The issues identified by Sacramento which began the process of reorganization are clearly parallel to Alameda. Current programs have been designed in response to funding demands and specific needs. Services are isolated, overspecialized, fragmented and with significant gaps. Duplication of services across agencies, disorganized contract services, crisis oriented services which do not meet the multiple needs of many clients are all relevant in Alameda County. Energy spent to maintain boundaries of programs rather than working to eliminate barriers and provide comprehensive services continues to be a significant problem.

Solutions to these problems are complex and they involve the buy in of the community as well as county leadership. The discussion of reorganization, leadership and implementation of a drug initiative are timely. Alameda County has searched for solutions in many areas. The history of looking for change has been complex. Alameda County has flirted with reorganization. The Board of Supervisors requested a study of the possibility of a "children's department" several years ago. In addition, the categorical organization of advisory boards and commissions has been tackled several times. Community planning processes to discuss the improvement of public agency service have been undertaken. Social Services Agency completed a focus group planning process two years ago when the current director was hired. The department of Public Health also completed a comprehensive planning process less than a year ago to determine the direction of that department. Health Care Services has just moved into Medi-cal managed care and the changes occurring in that department have included grappling with a new governance structure for the county hospital system and targeting mental health for managed care.

Social Services Agency has also just embarked on a change process by focusing on Welfare Reform. The GA forum, a comprehensive community planning process convened less than six months ago, produced a product which outlined a new direction. That document as well as the understanding that business must be done differently by public agencies is at the heart of the current discussions about welfare reform. Recommendations about collaboration, moving outside the categorical boxes, a need to be client centered, holistic, and involved in community partnerships have been the unifying theme in all of the planning processes. Despite the number of planning processes and the recognition of the need for change, the organization of public agencies overall has remained the same, although restructuring of individual departments and rearranging of specific functions has occurred.

The current environment, the commitment to changing services, the wealth of available planning information and the current leadership in the county make this an opportune time to revisit reorganization and to consider replicating two programs from Sacramento-meeting facilitation training and planning for a drug initiative.

Alameda county has been involved in numerous collaborations with public and private agencies. Leadership in the county from elected officials, department heads and non-profit intermediaries recognize the importance of transforming the public agency system. In addition, the Inter-Agency Children's Policy Council was formed two years ago. This body was originally formed as the Policy Academy and has focused on AB 1741 blended services, blended funding; SB620 school linked services; and family preservation and support planning as means to change. Pilot projects in neighborhoods and a focus on informal supports and community empowerment and self-sufficiency are already being implemented. A neighborhood governance structure in two targeted neighborhoods is in place. The further charge of looking at reorganization is a logical extension.

The focus of ICPC on outcomes for children and families and bringing together private agency leadership, community members and county leadership make ICPC a ready forum to discuss reorganization and the drug initiative. As current chair of ICPC, the director of social services could request the formation of a collaborative work group to consider reorganization. ICPC recently looked at a process for including work groups in their organizational structure. A work group consisting of fiscal and program representatives as well as community representation could provide a forum to look at the complicated issues of reorganization with a goal of providing improved services.

Alameda County Social Services recently contracted to provide Service Excellence training to all county staff. The commitment to improved customer relations was imperative and county staff development contracted for the training. The need to train county leadership in group meeting and facilitation skills is equally imperative. There are a number of contractors who provide excellent training in this area. A consultant could be hired to train all county managers in meeting success, group facilitation, decision making and recording. This training could then be included as a mandatory training for all new managers. A commitment to improved meetings and providing opportunities for practice at all

meetings could be implemented by Social Services Agency executive committee immediately. Staff development is a logical place to begin the process of looking at contractors. A committee organized by executive committee could make recommendations regarding the choices.

The implementation of an Alcohol and Other Drug Initiative could also be implemented easily. The curriculum for the Drug Initiative Training as well as technical assistance is available for purchase from Sacramento. Funding from three agencies — social services, health care, mental health, and alcohol and drug — could be blended to purchase the curriculum. A work group with designated representatives from each agency could be formed. Planning is already underway between the Director of Behavioral Care, Public Health, the Coordinator of Children's Services in Health Care and the Coordinator of Child Abuse Services at Social Services. This group could be charged to continue. Funding could be identified and pilot training groups organized. A commitment from the Social Services Director and Health Care Services Director and a mandate to implement would make it a reality. ICPC has recently agreed to fund a survey of current county training resources and that information could be utilized to do long range planning for the drug initiative.

Change is in the wind in many areas of Alameda County. Bringing those change processes together and focusing on reorganization, the development of staff who can lead the change process and the drug initiative can improve services in Alameda County. That goal is reachable in the current environment and with the current leadership.

**RECOMMENDATIONS: "A round man cannot be expected to fit in a square hole right away. He must have time to modify his shape."-Mark Twain**

As a result of the internship in Sacramento and the evaluation of the implications for Alameda County, the following recommendations for Alameda County are suggested:

1. Initiate a work group to investigate the possibilities of improving the delivery of service to children and families in Alameda County by reorganizing public agencies.
2. Implement a leadership training process for all Social Services department managers which would teach group facilitation skills and group decision making and recording.
3. Plan and implement an initiative in Alameda County which brings the focus on alcohol and other drugs as an integral part of the delivery of service in all departments providing health and human services.



Figure 1: Sacramento County Department of Health and Human Services Organizational Chart

