

The Leadership Challenges in Transforming a Public Human Services Agency

MAUREEN BORLAND

Introduction

When I first arrived in San Mateo in 1992 to assume the Director position of the county human service agency, one of the members of the Board of Supervisors shared her concern with me about the number of families who had complained to her about the fact that there didn't seem to be a single point of contact for somebody who had any kind of a social service need. She wanted to see the system changed so that it would be easier for clients and the community to understand. The goal was to reduce the need to shop around or call multiple locations to address the needs of residents. She felt that clients should not have to deal with multiple, separate services and agencies and tell their story over and over to multiple people in order to receive the services they need. The system was not customer-friendly. This Board member was convinced that there needed to be a better way to serve clients in the community with a single point of entry or contact. Creating such a systems change would require strategic planning.

We began our planning by assessing all the programs administered by the Human Services Agency (HSA). Most of the programs were mandated by the federal and state government and included different populations, policies, forms, and eligibility requirements. We looked for ways that we could serve clients across multiple problem areas. We began to look at the issues from the client or customer service perspective. Our philosophy was that client needs should drive the organizational processes, not the other way around. I had learned from my experience in Florida where they created an integrated organizational structure but were never really able to translate the service integration concepts down to the service delivery level. In San Mateo County we undertook a review of the many different processes utilized in the different programs to determine how much of it was federally or state imposed versus locally designed and how much flexibility there was to change those processes within the confines of federal and state laws or regulations.

Strategic Planning

The Human Services Agency (HSA) was a new agency created by merging programs from 5 different county agencies. These components had been combined in order to locate most of the critical services for children and families together in one organization to promote integrated service delivery. In order to create a common understanding of the community needs, prioritize those needs and create a common direction, a community strategic planning process was undertaken. Given my background in community service, I felt very strongly that you do not just focus on a strategic plan for a public agency, but rather on a strategic plan for the larger community. The main focus of the strategic plan was to improve outcomes for children and families. Prior to 1992, services for children and families in San Mateo County had deteriorated. My charge was to change the declining social indicators in the county by creating an organization that focused on serving people through the use of comprehensive and less bureaucratic services. There were also many human services being offered in the community by community-based organizations (CBOs) under contract with the public programs. In order to deliver comprehensive services, HAS would need to work together with the community to form a network of services that provided a continuum of services that improved the lives of children and families. Our first strategic planning process involved 1 ½ years of intense discussion amongst 600 people representing different segments of the community (e.g. staff from community-based organizations, consumers and former consumers, staff from our agency, business and others) in 12 different work groups.

One of the things that emerged early in the process was the recognition that people did not really have information about how clients were doing or not doing. While

Maureen Borland, Former Director San Mateo County Department of Human Services.

community-based organizations had individual client information, they had no aggregate information that reflected trends in their community. A new set of priorities emerged by looking at data, sharing it together and working with it together to decide what needed to be done. Three common goals for our service system were set: 1) promoting economic self-sufficiency, 2) strengthening family functioning and 3) building community capacity for prevention/early intervention. Three major directions to work on together were identified: 1) monitoring client outcomes, 2) building community partnerships, and 3) creating responsive customer services. By working in a partnership approach, we were also able to improve our communication and develop better working relationships.

As an outcome of the strategic planning process, we created a Human Services Advisory Council to oversee the efforts to improve the system. It was comprised of staff from public and community-based organizations, former clients, political representatives, and a board member from a local foundation. This community group met monthly to oversee the implementation of our plan.

Organizational Planning

Once the strategic goals and directions for the human services system had been set, we focused inside the agency to see what needed to change in order to achieve the strategic goals and directions. We went through an internal process of dialogue among the top managers to critically assess how we needed to structure ourselves and operate differently. It was not just a matter of having strategic planning goals. It was a matter of figuring out how the organization needed to change in order to implement those goals. A new mission, principles and values were identified, written, and rolled out to staff for discussion and input. Getting staff “buy-in” was a struggle. It does not happen over night and it took about three years with the help of some outside business consultants who were very interested in helping government improve the way it was serving the community. They donated their time to work with the executive and management teams, often challenging some of our thought processes. They brought their business expertise to our public sector organizational change effort. This was sometimes controversial because some staff had an anti-business bias and did not see how business approaches could improve our organization or customer service. We decided to approach our organizational change by first focusing on customer service improvements.

Focusing on Customer Service

The organizational changes and innovations in HSA stem from the continual focus on improving the way we serve the customer. Our consultants helped us to think about the essence of good customer service and how to improve it. We conducted client satisfaction surveys to determine both satisfaction and dissatisfaction with all of our services. This enabled us to identify what we could improve and monitor over time. It was based on the continual messages “We are here to serve the community and to serve the customers more effectively.” There was initially a lot of pushback and negativity from staff who were more comfortable with the concept of client than the concept of customer. For example, staff claimed that clients do not have any choice to go anywhere else except our agency for the services they need, so they are not really customers. Continual dialogue with staff at all levels about our values, which included treating customers with dignity and respect and a commitment to excellence in delivering customer services, was necessary to get them focused on what they could do differently. Since the word “customer” seemed to be more an issue than the concept of improving service, we decided to use “customer” and “client” interchangeably. This concession reduced the resistance considerably. The shift to a customer service approach to service delivery involved constantly pointing out where comments or actions diverged from the values identified in our strategic plan. We did lots of customer service training. It didn’t matter what program you were in but rather how you could serve the customer more effectively. More intensive customer service training was offered for staff in areas where customer feedback was most negative. Customer satisfaction questionnaires are now a regular part of doing business in HSA and results are now posted on the intranet quarterly, by office, trends identified and customer service improvement actions undertaken.

Outcomes and Data-informed Decision-making

One of the issues that emerged as we tried to focus on improving customer service was that staff members did not have information on how clients were doing. HSA had several large main frame systems with dumb terminals which staff shared to enter data, but staff and management got only raw data print-outs to work with and did not have information analyzed or presented in a way that was useful for decision-making. The data focus was on tracking task completion and not on client outcomes. As a result, information on community needs and agency-based decisions on resource allocations were being made on anecdotal

information. Community-based agencies that contracted with HSA had only individual client information available to them and had no automated, aggregate information on client outcomes. Managers were unable to hold contract providers accountable for performance.

Creating a customer service focus required focusing on identification of client and community outcomes agency-wide and for each program. It also required developing a special strategic plan for information systems that served the agency and its contract agencies. It included contracting with an outside vendor to analyze the current capabilities and gaps of the automation in place in HSA and our contract providers and developing a multi-year plan to implement a new information system. It required agency managers and staff to understand that resources would need to be committed to the development of this automated network, not just to hiring more staff. This was controversial because previous management had taken the position that computers and automation were a waste of money.

I decided to provide concrete examples of how automation could help managers and staff do their jobs better by contracting with our county library system, which had created a database of human services available in the community. HSA had contracted with them for years to maintain and update that data base. We decided to add resources and work with them to apply for a grant from our local community foundation to allow them to acquire staff and mapping software. We then contracted with them to map out all our client data from our multiple systems by city and zip code. These maps then became tools for structuring dialogue, both within HSA and with our community planning groups, regarding what services were needed in which areas of the county. This provided a model for data informed decision-making, rather than the anecdotal approach of the past and was very enlightening for many participants.

The need to analyze data and look at trends has now become an accepted part of decision-making at all levels of the agency. HSA spent several years developing a data warehouse which is capable of providing outcome reports to staff at all levels. Automation has been deployed to the desktops of all staff and information on outcomes is regularly discussed for quality improvement purposes. It is an accepted practice to share information with community groups and partner agencies in an effort to have all parts of the system work more effectively together.

Service System Redesign

While customer service improved within our traditional service areas, the next step in creating a single point of entry

for comprehensive services required different strategies. The emergence of welfare reform waivers as a major policy tool for systems change in 1994 provided us with both an opportunity and a challenge. It was an opportunity to put our mission as a “catalyst for systems change” to work. Building on our successful community strategic planning process and with the strong support of another member of our elected Board of Supervisors, we decided to undertake a community planning process to redesign the welfare system in San Mateo County. Through our ongoing efforts to work with the community, we learned that people disliked the welfare system because they saw it as promoting dependency and preventing people from getting out of poverty. The community planning process included over 500 individuals from the community and HSA staff who were engaged in a series of focus groups and planning sessions. I challenged them to “Forget the system as it is now, forget the rules as they are now. If we are trying to help people become economically self-sufficient (one of the goals in our strategic plan) and get out of poverty, how would we design the system?” It was difficult for many participants to think that way. It took almost a year of continual meetings, focus groups, and draft proposals to reach consensus on a new service design and principles. The final plan (**S**hared **U**ndertaking to **C**hange the **C**ommunity to **S**upport **S**elf-sufficiency (SUCCESS) was presented to and approved by the Board of Supervisors, who charged me with working with the State Department of Social Services to obtain approval to implement this pilot in our county. It took us almost two years to obtain approval for a waiver from State law and regulations to implement our program design. SUCCESS was implemented in four months, between the waiver approval in August 1996 and actual roll-out January 1, 1997. The HSA implementation planning incorporated a single point of contact for comprehensive family screening and assessment, the initial vision for human service delivery in the county when HSA was created. Continual focus on the goals, perseverance, and identifying opportunities had achieved results. SUCCESS sparked many service innovations which are highlighted in the promising practices case vignettes (see Appendices).

Organizational Structure

Once the SUCCESS service model was created, the Executive Team searched for ways to support the integrated service model more effectively. Our controversial organization chart reflects our ongoing struggle to break down the traditional hierarchical governmental structure (*Figure 1*). Governmental structures tend to be top-down command and control organizations that mirror military structures.

Hierarchical structures do not promote open, cross program teamwork, which is crucial to making the SUCCESS model work. Therefore, with the help of our outside organizational consultants, we looked for organizational structures that business was using to change their culture and products. We developed a matrix organization adapted to meet the needs of the service model. In order to break down the program silos that operated in the agency, we began by looking at the outcomes we were trying to achieve. For example, if economic self-sufficiency is the outcome, how do we need to be structured so that we are bringing all of the resources to bear on promoting economic self-sufficiency? It was a different way of looking at service delivery.

We needed to create teams that focused on designing and building services so that everybody understood the whole system and how they contributed to improving client, program and system outcomes. We took the matrix management concept (originally developed by NASA) and applied it to what we were doing and the organization chart in *Figure 1* illustrates the results of our efforts. The organizational model that the Executive Team created recognizes the realities of our environment while still promoting community-focused, integrated services. We were mindful of the categorical nature of federal and state legislation, policy and funding. We needed a way to relate our strategic planning goals to our policy and funding streams and the matrix approach helped us link our integrated service system at the client level with strong integrated management focused on supporting integrated service delivery.

Instead of just having a director for welfare programs, employment programs, child welfare programs and housing programs, we revamped these positions so that they had dual responsibility as lead for their program area and also served as directors of three geographic regions that covered the entire county. As regional directors they are responsible for assessing client trends and needs in their region, promoting working relationships with community-based agencies, city governments, school districts, adult education programs, community colleges and businesses in their region. Each of the three regional directors took the lead on one particular program area (e.g. child welfare, public assistance and welfare-to-work, integrated support services) by chairing a policy team with county-wide accountability for their specific program. For example, the Northern region director was most knowledgeable about children and family services including child welfare and provided leadership for the children and family services policy team. That policy team is comprised of children and family staff from each of the other two regions, as well as the Northern Region. The

policy team meets twice a month to assess all the policies, practices, funding and outcomes related to that policy area. This enables HSA to continue its accountability to the state and federal government and to ensure consistent implementation of programs countywide.

Another cross-program team structure was created at the service delivery level as part of the SUCCESS model. These teams were called Family Self-Sufficiency Teams. Three regional teams were instituted and comprised of line staff from welfare-to-work, child welfare, substance abuse, mental health, housing, probation and our community-based core service agencies. The teams are convened by a supervisor in each region who serves as team leader and is responsible for coordinating, scheduling cases for presentation, and scheduling periodic case reviews. Clients are invited and encouraged to participate in their case planning in order to develop and agree to a case plan. One member of the team is assigned as primary case manager, depending on the primary needs of the family.

It was also critical that the agency administrative functions were realigned to support the integration in the SUCCESS model. A Deputy Director was created to coordinate a number of the administrative support functions (e.g. facilities, human resources and staff development, etc.) Particular emphasis was placed on organizational development, job redesign and reclassification, re-training and career development. The financial management, information systems, and research and planning functions were identified as critical to our new way of doing business. Therefore, a Director of Financial Services and Director of Information Systems positions were created from other positions within the agency and reported directly to the Agency Director. A Research and Planning unit (later Planning and Evaluation) was also created reporting to the Agency Director. This unit serves as the link between information systems and programs, provides data analysis for planning and management, and coordinates the knowledge management function and continual quality improvement functions of the agency. In 2005 (as part of the response to a child death crisis described later) some adjustments were made to this model. A separate policy Director for Children and Family services was created to focus more attention on improving the cross-systems relationships in child welfare and on the implementation of the child welfare redesign in the county. At that time, due to a lack of available positions, a Director for Program Support was added which combined the administrative functions, including financial and information systems. The regional matrix model continues.

Organizational Development

The changes in the HSA organizational culture and the dual role assumed by each regional director represented a great deal of change. I knew that the directors, as well as their staff, would need some assistance in making this transition. The structural changes we were making required staff to operate in new relationships and structures, and required a new level of mutual accountability. I researched the business literature for techniques that could be utilized to promote and implement these changes. Because the change was so large and complex, I decided that HSA needed to create a position for an internal organizational development (OD) specialist. (see *Appendix*) The OD specialist worked with each regional director to build their policy teams. She also worked with each director (team leader) to help team members understand their roles in sharing information and leading action planning in their regions. Each team reviewed their composition to ensure appropriate representation and developed their mission, operating rules, schedule of team meetings, and other meeting management processes. Minutes were taken and disseminated so that everyone in the agency knew what was going on and the decisions being made by the team. The Executive Team (comprised of regional directors and other senior managers) serves as the coordinating body for all the policy teams.

The creation of policy teams also allowed us to open up the budgeting and financial management functions of the agency to comprehensive review and understanding. Each policy team reviews the allocations for their programs and works with their financial analyst (also a member of the policy team) to prepare the budget and make priority decisions about where those resources are most needed. These decisions are informed by data regarding client, program and system outcomes and linked to commitments to outcome improvement in our outcome-based management system. Annually each team goes out into the community to get input on community needs, how services are working, and gaps in service. We have put together a community mapping process where we use zip code data so that staff can actually see where there are clusters of problems and which neighborhoods and zip codes need attention. This information is shared with the communities in order to inform collaborative community action.

Each director also meets regularly with a regional management team and holds periodic regional staff meetings to share information and obtain input on issues and staff needs. This has helped to create a regional identity across programs and has resulted in better coordination and understanding between the program staff. The OD

specialist also assisted the directors with building the operations of these regional teams.

Particular emphasis was placed on developing the Family Self-Sufficiency Teams (FSSTs). The internal OD specialist spent a good deal of time helping these multi-disciplinary teams understand their role, how to function and make decisions as a team, how to schedule cases and hold productive case planning discussions as equals, and how to monitor and periodically review case progress. These teams became the core of our transformed service delivery system.

Multi-Disciplinary Case Planning

The complicated lives of our clients require multiple strategies. For example, poverty is very complicated and it involves much more than economics. When we look at self-sufficiency in terms of family functioning and community involvement, there are different strategies needed to produce good client outcomes. These strategies vary depending on the family, where they live and the resources, both family and community that are available. We have tried to place special emphasis on working with those communities where poverty and social dysfunction are most prevalent. For example, we work with grassroots planning teams involving the police and a whole array of other organizations dealing with crime in high crime communities. The problems of crime and poverty are so intertwined that we try to work together and develop multiple approaches including job training, job placement, transportation supports, family resource centers, and schools. The Family Self-Sufficiency Teams, which include criminal justice and health representatives, are the mechanism for cross-system case planning when families are involved with multiple systems or have multiple needs. Nonprofit community agency partners, with whom we contract, are also involved in team meetings as necessary.

The FSSTs have become the mechanism for providing integrated services to multi-need families. The creation of those teams moved us toward the initial vision for the agency and the service system. It became clear to us that if we were trying to develop integrated service plans, all the relevant service providers needed to be at the table, with the client, to discuss and understand: 1) all the family issues, 2) the services they were receiving, 3) what they were trying to achieve, and 4) how they wanted to participate in the service plan.

When we initially put these teams together, the team membership was not so all inclusive. It was a struggle to get staff, even from the smaller teams, to schedule cases for

team discussion. Staff were accustomed to doing individual case planning and did not regularly consult with multiple service providers. Staff needed to learn how to work in teams. Our OD specialist worked with the team leaders and the teams to clarify relationships, develop team rules, understanding of shared responsibilities, criteria for bringing cases to the team, team meeting frequency, how cases would be followed-up, and clarify the expectations for the outcome of the team work. We found that while effective team functioning is critical to providing integrated services, a managerial tracking and monitoring mechanism is needed to ensure that staff behavior shifts and that staff are bringing their cases to the team.

Today, staff both within HSA and the community see the FSSTs as a critical resource in providing improved services to families. The teams have grown. Staff regularly take cases to the team for consultation and find them helpful. Inviting clients to participate in the team meetings has changed the culture of the way services plans are developed and implemented. Family responsibilities become a part of the discussion, as well. While there was initial concern about inviting families to participate in team meetings, approximately 75% of families are now coming to team meetings. The families are engaged in case planning, learning what to expect from the systems and programs, and agreeing to implement their case plan. Team meetings are now located in the neighborhoods where clients live.

Creating a Culture of Innovation in a Learning Organization

I am a firm believer in identifying what needs to be done and trying to find the funding to do it. My experience has shown me that money often follows good ideas. Too often public organizations limit their planning and thinking within their perceived fiscal constraints, rather than identifying community and client needs and encouraging new ways to meet them. Once you have a broad-based community strategic plan, it is possible to seek out ways to implement it. In San Mateo County we worked closely with foundations to get one-time funding to initiate innovations in our community. Partnerships were developed with the Peninsula Community Foundation, Center for Venture Philanthropy, and other regional foundations. Our partnerships focused on jointly meeting the needs of our community. Since the San Mateo County Strategic Plan had involved representatives from the foundations, as well as those from business, education, cities, community non-profits, health and criminal justice, and clients, it was owned by the community as a whole.

We looked for opportunities to leverage public dollars with private matching funds.

The earliest innovative model piloted by HSA was the creation of the FUTURES family resource centers in 1992 (see *Appendix*). The FUTURES project was a collaboration in Daly City (one of the cities in our county with the largest influx of new immigrant families with children) between the county and local school districts, community-based organizations and county health and human services. It was the pilot for the concept of neighborhood-based, integrated, prevention/early intervention services for children and families. The involvement of HSA staff in this project informed the larger organization and created a concrete example of what neighborhood-based, integrated services could look like. The staff that were part of the project became ambassadors for the new collaborative model of service and were given great exposure throughout the agency. While some other staff were jealous of the attention and resources committed to the pilot, the message was clear that those involved in implementing the strategic directions of the agency would be rewarded and seen as leaders.

When California's welfare reform program (CALWORKS) was implemented we took the opportunity to use one-time federal incentive funds for the start-up of innovative programs to assist former welfare and low-income families in moving toward economic self-sufficiency (see *Appendix*). We also used those funds to create the one-stop service and employment centers in our low-income neighborhoods where we could co-locate multiple services. If you have a strategic plan, when the opportunities arise, you can target the funds to the priorities in your plan and interest your partners in doing the same.

Another major step in creating a learning organization resulted from the decisions we made in struggling with the change in job roles and the skills and abilities staff would need as we implemented our service integration program (SUCCESS). Staff needed to become good assessors, interviewers, and case managers. We had staff with high school diplomas, some with AA degrees and some with BA degrees all working as eligibility workers in the old system. We realized we really needed to upgrade the level of skill and promote a culture that valued skill development and education as a part of career development. This message was consistent with the message we wanted staff to impart to welfare clients who were trying to move from welfare to work. Major alliances were formed with the community colleges, who had previously worked as partners in welfare-to-work efforts for clients, to work with us to develop training for

human services providers, including HSA staff. The Family Development Credential and Human Services Certificate describe some of those efforts (see *Appendix*). We also worked with the community colleges to offer an AA degree in Human Services and have been working with them over the past couple of years to co-locate a BA degree program in social work on a community college campus.

We also began to recognize the participation in educational and career development programs as a preference factor in promoting and selecting staff for special assignments and promotions. A major one-day HSA career conference was held annually to communicate our commitment to learning and education and encourage staff to take charge of their own career planning and development. These actually became models for county-wide human resources approaches.

It also became obvious to the Executive Team that our managers and supervisors needed training and assistance with the role changes we were defining for them. We brought in consultants to work with us on training topics that included facilitative leadership, managing with data, and project management. The Executive Team spent months identifying the core competencies that they needed in managers and supervisors and agreed that these would be rolled into the screening and interviewing processes for the selection of future supervisors and managers across programs. A comprehensive training program was developed for existing supervisors and managers to help them to develop these competencies. This training course is still in existence and is a valued program within the organization. The implicit goal of this training is to foster intellectual curiosity and critical thinking. The message conveyed is that although we may be doing good work, it can always be improved. This has led to an agency commitment to continual quality improvement.

My assumption in creating the original Research and Evaluation unit in 1996 was that by hiring a well-trained research person in HSA we would be more capable of evaluating our own efforts. This never really worked well, partly because the research staff struggled with the organizational understanding and readiness for research and evaluation. It became obvious to us that training and a more collaborative working relationship between research and service programs would be required to build an organizational value for formal research and evaluation. It took time for managers to see how research information could help them improve their outcomes. Today, the Planning and Evaluation unit in HSA has taken the lead on coordinating the Continual Quality Improvement efforts of the agency. This unit is responsible for researching evidence-based and best

practices and working with the service programs to review their outcomes and promote dialogue and decision-making on what needs to be changed.

In San Mateo County we have developed many of our own models and programs that we think make sense in meeting client and community needs. We are tracking outcomes and have created a culture committed to improvement. We have struggled with the fact that we have not had the resources to evaluate all these programs and their impact on client outcomes. Our Planning and Evaluation unit makes considerable use of administrative data and does the analysis for the programs to help them with their decision-making. The limited availability of relevant research in the human services field has forced us to do the best we can through this unit and outside contracts with private research groups to evaluate our programs. It is hoped that the new emphasis on evidence-based practice and the improved linkages between program and researchers in the state will strengthen this effort.

Advocating for Change

In addition to promoting change inside the agency, we have been actively involved in advocacy at the state level with our professional organizations and with the State Departments of Social Services (CDSS) and Health. As we began implementation planning for our SUCCESS redesign, it became clear that our thinking was ahead of the state's planning. We met with the CDSS top management to present our community planning process and the plan we wished to implement and they indicated that they were not interested in approving county pilot projects, no matter how innovative or community supported. It took us almost two years to finally obtain approval for a waiver of state laws and regulations. We were told that a waiver could not be granted to do what we wanted to do because our design was too comprehensive and involved too many different components of the service system. By this time our Board champion had been elected to the State Assembly. I informed him of the CDSS position and we decided to have him sponsor legislation to allow us to pilot SUCCESS. It was only after legislation was introduced that the CDSS Director decided that they did have the authority to grant a waiver.

This was both an education in the State political process for me and my Executive Team and a tremendous challenge to actually implement in four months. We were able to implement our own local version of welfare reform two years before the California CALWORKS program. We had an outside evaluator design a waiver evaluation and work with us as we implemented to track our welfare-to-work

participants. We tracked exits from welfare, what kind of work clients entered, the average salary, and the availability of health benefits. We had the largest percentage of caseload reduction in the state and it was because people went to work. The economy was strong at the time and 76% of our participants who had been on welfare went to work. That was a huge change. Subsequent studies have estimated that approximately 40% of the caseload reductions nationally during that time were due to the economy, but we worked with our community to take advantage of our good economy. Our SUCCESS program informed the thinking behind the design of the CALWORKS program for the state.

Two years into our three year waiver, and after the CALWORKS legislation was passed, we were sued by a statewide advocacy group. Two of our rules in SUCCESS were more stringent than in CalWORKS. The advocacy organizations had fought the battle at the state level for less stringent rules and felt that allowing our project to continue the way it was would undermine that success. We lost in court and had to come into compliance with the CalWORKS process. The two major differences were : 1) in order to be approved for welfare and receive a check, a client had to participate in a week-long employment services seminars and if they did not cooperate, they did not get approved to receive a welfare check, and 2) while we had many services in place, many more than are in the state program (e.g. home visitors from community-based organizations), if clients did not participate in welfare to work planning or efforts they were given a full family sanction. We had the lowest sanction rate in the state (less than 3%), so this final sanction was used very sparingly. However, the advocates felt that they needed to make the point because other counties did not have a rich array of community services in place and might want to move to full family sanctions. We brought our SUCCESS program into compliance by modifying the entry and sanction policies and have been operating according to state rules ever since while still maintaining the comprehensive screening and assessment and integrated case planning features.

While this was frustrating for us, we took the positive lessons from this experience and learned that it is important to advocate for the legislative and regulatory changes that you need to meet your community needs. We later had success in helping to design the Child Welfare Redesign approaches and the California Children and Families Accountability System. While it is a lot of extra work, volunteering to be part of the design and legislation development has great rewards. It often results in a more rational community service orientation in state and federal policy.

The Leadership Role

I have always envisioned myself as a leader of a team. I have worked hard to promote teamwork throughout our organization and in the community. Our organization has an Executive Team comprised of the Regional Directors and the Directors of the key support services. It took several years to develop into a real team. We actually developed rules for how we operate. We agreed to bring major issues and policy team decisions to the team for discussion and input and to make decisions by consensus. I made the final decision if consensus could not be reached. That was not the environment that top managers had operated in previously. I obviously had a lot of influence in the team process, but if we did not all agree on something we took the time to work out our differences so that we could ultimately reach consensus.

Dialogue is critical to good decision-making. The “command and control” approach to leadership does not promote common understanding and teamwork. Our organization has over 750 employees and an annual budget of about \$185 million a year. Our community has over 700,000 residents. There is too much going on inside and outside the organization to think that you can control all of it. To me, leadership is promoting the vision, mission, values, and influencing the processes to move forward and achieve our goals. It takes constant effort to find ways to get feedback from people on what is working and what is not. I learned that sometimes I thought things were working a certain way, but they weren't. I sometimes think that leading teams by trusting others is my strength and biggest weakness. However, it is really effective in creating shared ownership. However, you can get blind sided, which is why it is so important to continuously look for feedback.

One of the key roles I played as a team leader was to constantly look for opportunities to move our strategic plan forward and link external directions from the federal and state levels with the strategies our community had laid out. Some of the questions we would contemplate in our Executive Team meetings were: “How do the new laws or policy changes mesh with our strategic plan? How do we leverage or harness this new development as a catalyst for moving toward our vision and implementing our strategic directions more effectively?” Leadership is getting the team to think strategically within the framework of the overall vision and goals rather than looking at each change as a mandated program to be implemented separately. Leadership is not waiting for others to do it to us, but figuring out what we think makes sense for our community and then formally

putting in place a process to develop a plan that can inform federal or statewide thinking on implementation.

Another role of the leader is to model critical thinking skills. This often takes the form of rigorous inquiry and may be viewed in a negative way by managers or staff who do not think that top management should be probing or assessing ongoing operations. My experience has taught me that if you do not build a depth of understanding regarding how the organization operates, you cannot really change it. Discussions of processes and the need to redesign them were key in creating the organizational and service changes we made as well as promoting the culture of a learning organization.

Managing Crises

Another key leadership role is to manage crises that affect the organization. One such crisis occurred in the process of creating organizational change. In late 1994 we were working with an external business consultant who was assisting us with the organizational change process. On his advice, I brought in an outside team to evaluate how things were going with the changes we were undertaking in the organizational culture. The team conducted focus groups and sent questionnaires to select staff and worked with an internal team to construct a report for management on how change was progressing and where there were problems that needed intervention. The report was rather candid and laid out many areas which needed additional attention. This was to be expected, since it was early in the change process for such a large organization. The report was intended for Executive Team discussion and action planning. It was an internal progress report that we shared with staff. I really trusted staff to use it in order to improve operations, but it became very politicized. Although I had briefed the county manager on the report and our plan to address the staff concerns, the report was leaked to a Board member with a cover note indicating that our agency was in a "mess". I had to manage the discussions with the Board and county manager. The business consultant volunteered to join me in those discussions and lauded the openness and commitment to a process of continuous organizational improvement that the Executive Team and I had made. The Board actually put the topic on a future meeting agenda and the consultant did a presentation on the process we had utilized and lauded the agency leadership. Ironically, the organizational self-assessment process was adopted by several other county departments following the consultant's presentation. Our staff learned a lot from the crisis and the way it was handled. It was a

difficult process, personally, however, and I learned that I might be a bit too optimistic about openness and information sharing in a political environment.

The second major crisis of my tenure was a much more serious one. We had a child who was in foster care who went home on an unsupervised visit and became a victim of shaken baby syndrome. The perpetrator was the father. It occurred over the Christmas holidays about three years ago. This was a very difficult situation, not only because of the emotions surrounding a child's death, but because there was a lot of controversy generated by the juvenile court judge. While the judge had actually approved unsupervised visits for this child, she criticized the agency for permitting it and proceeded with an open court hearing to investigate the agency's behavior and decision-making process. It became a major focus of the local media and she used that opportunity to criticize the worker, the agency, the director for child welfare and me. Since she was part of the case decision-making, I believe that she should have recused herself and had another judge oversee any investigation. The child's foster parent was very attached to the child, had wanted to adopt him and was not pleased with the reunification process before the incident occurred. She became one of the harshest critics of the worker and the agency for allowing the child to go for this unsupervised visit. A detailed internal investigation, including county counsel, had found that there was no negligence on the part of the worker. There was, I believe, some miscommunication between the therapist and the worker. The therapist from the private contract agency was also very critical of the worker. However, there was no proof on either side of what was said back and forth to each other. It did point out some real gaps in the system in terms of the fact that we were not getting written reports and recommendations from our contractor provider agency. Most reports were verbal, as had been agreed upon in the 1980s when the contract was first negotiated. I felt that it was my responsibility to support the worker, especially when there were many people calling for her termination. There was no reason to terminate her and I felt that it was unfair for someone to lose their job because they made a judgment that did not work as planned. All indications in the reports had been that the child would be safe at home. In fact, an older sibling had already been reunified a month earlier and was doing fine.

I strongly supported both the worker and the child welfare director in my court testimony. The judge was not happy with me. It became a real political issue since the judge is a good friend of the editor of the local newspaper

who continued to criticize me in print. I had no relationship with the editor and refused to get drawn into a public battle in the press. As a result, the county manager appointed a “Blue Ribbon panel” to look into the controversy. The agency was the only party not represented on the panel. The report issued was very critical of the agency and me. This continued to fuel the press coverage in the local paper. While some of my colleagues thought that I should have fought it out in the press and become as nasty as the judge, I refused to stoop to that level and would not do so today. I believe that leadership sometimes involves taking politically unpopular and principled positions, even at a risk to yourself and even when the political establishment is searching for cover.

In response to these facts, I led the agency in conducting a comprehensive assessment of our policies, and procedures and made improvements in several areas. The grand jury did an outside investigation and made some recommendations for policy, process and service changes which we were already in the process of implementing. I think that our child welfare system today is stronger than ever, including some new service providers and an improved documentation process.

In the spirit of using opportunities (even negative ones!) to promote strategic directions, I volunteered our agency to participate as one of the eleven counties piloting the new California Child Welfare Redesign as part of our child welfare improvement strategy. California had developed a Child Welfare Redesign Plan which was issued in 2003. The plan involved developing a differential response system in which community agencies provided services to families who had been referred for abuse and neglect, but were determined not to need intervention from the child welfare system. This system required the development of a community service system to provide prevention and early intervention services to families. Since HSA had already developed a network of 14 Family Resource Centers in high need areas of the county, an infrastructure already existed upon which the differential response services could be built. The second component of the Child Welfare Redesign was implementation of standardized safety and risk assessment at key points throughout the life of the case. Since this was one of the issues in our child welfare death, our county participation in piloting new tools and re-training staff was part of our improvement plan. We utilized the State’s mandate to develop a Systems Improvement Plan to convene a broad-based community and cross-systems advisory committee to review our child welfare outcomes (defined by the federal

and state governments) and system. This committee reviewed all aspects of the system, including police and referral sources, court processes and legal representation, and community services and supports, including those from health, mental health and substance abuse systems. This committee was co-chaired by a member of the Board of Supervisors and the Director of the Peninsula Community Foundation. The committee produced a systems-wide Child Welfare Systems Improvement Plan (SIP). The result has been a much better community understanding of the Child Welfare System and the laws and processes surrounding it and a commitment of private foundation funds to help implement the systems improvements. Greater ownership of our strategic direction of building community capacity to support children and families has resulted and services have been expanded in collaboration with schools, cities and community-based organizations.

Knowing When it is Time to Leave

It is very difficult to know how long you should stay in the Director position in the same organization. On the one hand, a long tenure can be a positive because you are in an organization long enough to really make deep changes in the culture of the organization. On the other hand, sometimes those changes are seen as only linked to you instead of the organization as a whole. Resistance to change can become personalized. This is very common in hierarchical organizations where every success and failure is identified with the leader.

There were several points during my 13 year tenure when I thought about exiting, something everyone experiences at some time during a long period of employment. The work environment is very important to me, especially an organizational environment where I believe that I can move forward and make the changes to meet the strategic goals. If I do not think that I am going to be able to move anything forward, then it is time to leave. I think that sometimes you get to a point, emotionally and professionally, where you have taken on enough challenges and think that it may be time for the organization to have new leadership.

Quite honestly, I was ready to leave about 2½ years before I retired. The child death crisis is what convinced me to stay, because my work was not done. It was critical to guide the organization through this difficult time and enable it to make the improvements that needed to be made within the county systems and the community. It was important to re-establish the credibility of the agency in our

community and rebuild our partnership approach to service improvement.

Leaving an organization after investing so much of your life in it is very difficult. If you feel that you have hired the right people and that the team really owns the mission, values and strategic directions, the organization can carry on without you, and it makes leaving a little bit easier. That is why it is so critical to spend the time to identify the values, attitudes, and core competencies needed to lead the organization and invest in training and development of managers. Succession planning is about the competencies, philosophies, and skills that you want to be a part of the organization and how you make sure that you are developing a pool of people who could potentially become the director at some point and carry the vision forward.

Reflections and Implications

As I reflect back upon leaving the agency, it occurs to me that one of the most important legacies of my tenure is the fact that the mission, values and strategic plan for human services have been implemented in HSA and in the county. The time that was spent working with senior staff paid off in terms of building a shared commitment to excellence, becoming big picture thinkers, developing a sense of accountability for outcomes and performance, becoming team builders and collaborators and developing flexibility and creativity in the way in which people worked together. These core competencies were much more important to me, and have become much more important to the senior staff, than detailed program knowledge when selecting managers in the organization.

It has also become clearer to me how much organizational change is dependent on leadership setting the behavioral examples. For instance, the functioning of the Executive Team meetings as opportunities for team building and open dialogue on issues leading to consensus decisions set an example for how other teams in the agency could work. You can talk about the mission, values and strategies all you want, but when managers and staff see it in practice repeatedly it becomes ingrained in the organizational functioning. Seeing things change for the better creates hope among staff and unleashes their ability to be creative, think and develop the community relationships necessary to generate innovation.

My experiences in San Mateo have confirmed my commitment to proactive management. As difficult as some of the experiences were emotionally, I can see that perseverance can result in significant improvements in social service

systems over time. Proactive management involves taking risks and challenging people or institutions. It can generate hostility. I have seen many managers who conceptually supported a direction, but were not willing to take the actions necessary to create real change in operations. Identifying, recruiting, and/or promoting proactive managers is a complicated process because reference-checking can be limited and superficial. It is only when you work with managers and see them in action that you can really access their courage and willingness to work through conflict.

Reactive managers have a strong tendency to “want to be liked”. These are not the people who can promote organizational and systems change. However, they are often the managers who are most liked in public agencies. I believe that it is much easier to survive and thrive in public systems if you are a reactive manager and well liked, but this approach does not always serve the best interests of our clients, communities or society. Reactive managers in your organization can undermine your best efforts.

Directors and top management can be easily diverted from the strategic vision by organizational crises. There is always something coming at you and there is too much to be managed effectively. I can now see how important it is to continually bring the focus back to the mission and strategic plans. I think this requires the same set of skills that are needed to be an effective parent. Parenting is a balancing act between being permissive and being authoritative (not authoritarian, there is a real difference). Being authoritative (reminding staff of the mission, establishing realistic boundaries, use of caring firmness to help everyone move in the same direction) is the most effective parenting skill and has similarities to effective proactive management. Even with these skills, however, it is clear that both children and staff can wait you out in order to find ways not to change. That is more difficult, however, if the proactive manager is persistent, consistent and follows-through.

My San Mateo experience also made me realize that while public sector leadership and management needs to improve, the vast majority of managers in human services systems work extremely hard and are emotionally committed to the work they do. While skill development and strategic approaches can help them to make these systems more responsive to the real needs of the poor in our society, the political realities with which they contend make this work extremely difficult and frustrating. It is important for each individual to be introspective enough to determine when they have done what they can in that environment and then find other ways to promote the cause of social change.

County of San Mateo
HUMAN SERVICES AGENCY



DIRECTOR
Maureen Borland

Human Services Advisory Committee

CENTRAL REGION

- San Mateo, Foster City, Belmont, San Carlos, Burlingame, Hillsborough, Millbrae, El Granada, Half Moon Bay, La Honda, Loma Mar, Montara, Moss Beach, Pescadero, San Gregorio

Countywide Services

- Rapid Response for Displaced Workers
- Workforce Investment Board
- Workforce Investment Act
- Workcenter / Rehabilitation
- Economic Development
- Child Care

Regional Services

- Temp Assistance for Individual & Families (CalWORKs, Food Stamps General Assistance)
- Work First Training and Employment Services
- Health Insurance for (Medi-Cal) ● ChildCare Assistance
- Rental Assistance ● Children & Family Services
- Family Self-Sufficiency Team ● Screening Assessment

- Self-Sufficiency Policy Team
- Medical & Nutrition Access Policy Team

SOUTHERN REGION

- Redwood City, East Palo Alto, Menlo Park, No Fair Oaks, Woodside, Atherton, Portola Valley

Adolescent Services

Regional Services

- Temp Assistance for Individual & Families (CalWORKs, Food Stamps General Assistance)
- Work First Training and Employment Services
- Health Insurance for (Medi-Cal) ● ChildCare Assistance
- Rental Assistance ● Children & Family Services
- Family Self-Sufficiency Team ● Screening Assessment

- FSST Policy Team

NORTHERN REGION

- Pacific, Daly City, South San Francisco, Colma, Brisbane, San Bruno

Countywide Services

- Juvenile Court Officers
- Children's Receiving Home
- CPS Emergency Response and Phone Intake
- Homefinding ● Adoptions
- Community Liaison for Children & Families
- Therapeutic Foster Care
- Kinship Support Services Program

Regional Services

- Temp Assistance for Individual & Families (CalWORKs, Food Stamps General Assistance)
- Work First Training and Employment Services
- Health Insurance for (Medi-Cal) ● ChildCare Assistance
- Rental Assistance ● Children & Family Services
- Family Self-Sufficiency Team ● Screening Assessment
- Children & Family Services Policy

ALCOHOL AND OTHER DRUG SERVICES

- Prevention Services ● Treatment and Recovery Services
- Tobacco Prevention Program

- Alcohol and Other Drug Services / Tobacco Prevention Program Policy Team

- Drug & Alcohol Advisory Board

OFFICE OF HOUSING

- Property Management, FSS Coordination
- CDBG, HOME, Housing Rehabilitation, Homeownership
- Center on Homelessness, Continuum of Care Coordination
- Rental Assistance Policy ● Housing Policy

Continuum of Care Collaborative

FINANCIAL OPERATIONS

- Cost Accounting ● Revenue Enhancement
- General Accounting
- Claiming & Reporting
- Budget Monitoring & Development ● Audit Coordination
- Financial Policy Team
- Financial Operations Team

LEGISLATIVE / PUBLIC INFORMATION OFFICER

PLANNING AND DEVELOPMENT

- Special Investigations ● Clerical Support
- Staff Development ● Payroll / Personnel
- Planning ● Research & Evaluation
- Contract Management ● Facility Management
- Human Resources Policy Team

BUSINESS SYSTEMS GROUP

- Automation
- Information Systems Policy

Direct Services

Support Services

FIGURE 1

APPENDICES OF PROMISING PRACTICES*

APPENDIX A

Combining Business with Rehabilitation in a Public Workcenter with Disabled and Low-Income Participants in San Mateo County

Executive Summary

Most work centers operate with the major objective of fully integrating participants into the competitive workforce by assisting them with job experience, training, placement and retention. Vocational rehabilitation services are provided alongside on-site business operations that include assembling, packaging and shipping products for private industry. Often, these activities are accompanied by offsite work (termed enclaves) such as janitorial crews or supported employment in public hospitals and offices. Whether on-site or off-site, the service goal is to find the right balance between rehabilitation services and business operations.

To identify the potential of work centers to address the needs of welfare to work clients before and after their TANF benefits expire, the Workcenter in San Mateo County, California is viewed as a prototype of a welfare reform implementation resource. Founded in 1967 on a \$200 grant, the Workcenter has grown to a two and one-half million dollar a year organization that serves multiple populations, including participants 1) receiving general assistance (GA), 2) receiving County mental health services, 3) receiving County drug and alcohol services, 4) with physical disabilities, 5) participating in a prison work-furlough program and 6) referred by the Family Court for nonpayment of ordered child support.

About two-thirds of current Workcenter participants are referred from the mental health unit and about one-third receive GA, although the number of GA participants tends to increase dramatically during recessions when competitive employment is difficult to find. Other populations of participants represent only a small percentage of Workcenter labor. Participants entering the Workcenter complete an extensive intake process that includes screening and evaluation, a week-long job seeking skills class, and a ten-day work assessment if indicated. After they complete the intake process, participants work at the Workcenter and continue looking for employment and self-sufficiency at the Network Center. The Network Center is staffed by job search specialists and is equipped with computers, telephones, job listings, and other resources that assist in seeking employment. This is what one Workcenter participant said of his experience at the Network Center:

I go to the Network Center three days a week, when I am not at the Workcenter. Everyone is asked to bring in three or four job leads. Sometimes they pan out and sometimes they don't. They teach you how to use the newspaper, how to fill out an application correctly and how to use the phone. We did a couple of mock interviews, where they videotaped us. We also got help using the computer. They even have maps to give locations of where

to go and what busses to catch to jobs and interviews. There are only two of us left from the group of eight that I came in with. Everybody is really taking the initiative to get out of there and look for work. It really works when they help you send out your resume and use the phone. It's so much better than running up and down the street looking for some work.

While Temporary Assistance to Needy Families (TANF) recipients do not work at the Workcenter, they do receive County Vocational Rehabilitation Services (VRS) that work in unison with the Workcenter. Workcenter and VRS staff help participants to achieve self-sufficiency in accordance with recent welfare reform legislation that contains work requirements and places time limits on the receipt of public benefits.

In addition to Workcenter and VRS services, social service clients receiving GA or TANF have access to an additional array of supports. After attending the job-seeking skills class, Human Service clients are mandated to attend the Workcenter and the Network Center until competitive employment is found. On a monthly basis, Human Services Case Managers meet with participants that have been referred to VRS. If they are experiencing difficulty they receive home visits from their Case Manager or are referred to rehabilitation specialists in other County departments (such as health, mental health, substance abuse or domestic violence).

In summary, public work centers offer many benefits to a) participants (job training, work experience, access to rehabilitation services and opportunities for mainstream employment), b) social services personnel who can help participants become self-sufficient, c) taxpayers when participant employment results in reduced public expenditures, and d) the business community through competitive pricing, quick job completion and quality that is able to compete with private industry.

Work centers can serve people with more severe disabilities (health or mental health problems, lack of work skills or education, substance abuse, domestic violence issues, legal difficulties or caretaker responsibilities) who are hard to place in the workforce. Employing "hard to place" individuals is becoming increasingly important, as many welfare recipients that are capable of working will have found employment by the time the first wave of time limits expires. Only those with significant barriers to employment will remain on the welfare rolls. These recipients can potentially benefit the most from workcenter services and support.

More than five years later

By the year 2000, the welfare caseload in San Mateo County had been reduced by 76%. While the SUCCESS evaluation estimated that approximately 40% of this reduction was due to improvements in the economy, this was an astounding success story. The remaining population, however, seemed to be very difficult to engage, despite extraordinary efforts at outreach and home-visiting by both HSA and community partner staff. It became apparent

*A full description of each of these summaries is located in: Austin, M.J. (2004). *Changing Welfare Services: Case Studies of Local Welfare Reform Programs*. Binghamton, NY: Haworth Press

that many of these individuals were dealing with significant barriers to employment, including mental illness and substance abuse. Because of the Agency approach to providing integrated services to multiple populations, instead of creating something separate for the CALWORKS hard-to-serve clients, HSA decided to redesign how the workcenter was serving its current population and include CALWORKS clients in that model.

Vocational Rehabilitation services were offered through the workcenter. Many of the welfare clients required a vocational rehabilitation approach. The workcenter and the Peninsula Works One-Stop Employment Center have been co-located to incorporate the Network Center and Workfirst approach for all clients, including the GA and mentally ill clients who had previously only been served at the workcenter. The workcenter itself has become part of the continuum of options available to all clients seeking employment who are identified with special employment barriers or needs.

Over the past several years the focus of the program has shifted from a sheltered workshop for those with barriers to employment to job development and community employment for that population. Partnerships have been developed with community employers and have resulted in increased job placements for difficult to place clients. Several new business ventures have been developed to increase revenue for vocational rehabilitation services and to place clients. The Workcenter currently operates a joint venture with Goodwill, San Mateo Recycleworks, and Dell computers, which diverts computers from the County landfill. This created

14 new jobs which were filled with hard-to-place clients. A joint venture with the San Mateo County Library System has created the Library Cafe to serve library customers coffee and treats and created 3 new jobs. A full service cafe located at the San Mateo Hall of Justice was recently taken over by the Workcenter and 16 new jobs created for clients. Responsibility for operating the Imaging Center attached to HSA's Health Insurance Telecenter (Medi-CAL call center) was recently given to the Workcenter and will employ 19 clients. Clients are currently employed by an array of community businesses, as well. Some of the employers are Safeway, Mervyn's, Longs, Walgreens, Albertsons, Home Depot etc. Clients placed into these positions are averaging \$8.20 per hour, despite their disabilities, and are working over 20 hours a week. From July 2004 to June 30, 2005, 902 clients were served through the Workcenter network and 115 were placed in community jobs. The job retention rate was approximately 50% at 90 days. For the population with the most severe barriers to employment, this is remarkably good.

The progression of collaborative services offered through the Workcenter network reflects the entrepreneurial approach and attitude fostered within HSA as the "learning organization" approach has grown. The focus on changing service approaches and making the community collaborations necessary to succeed is reflected in the transformation of the workcenter and employment services. Staff and managers have learned to seek out best practice approaches and seek community opportunities to develop them.

APPENDIX B

The Adopt-A-Family Program: Building a Network of Resources in San Mateo County

Executive Summary

The Adopt-A-Family program, founded in November 1997, helps low-income families in their struggle for self-sufficiency. Designed as an expansion of the popular holiday programs of the same name, this San Mateo County effort provides both material and emotional support to low-income families over a period of one year by matching client families with "godparents" who are individuals and/or employees of local businesses. The goal of the program is to facilitate the development of a relationship between client families and middle-class families in the same community.

The program included the following components:

- *Program goal.* Help families make the transition to self-sufficiency through individuals and businesses who "adopt" a low-income family for a period of one year.
- *Client referral.* Families are referred by a variety of social service agencies throughout the county. Families are pre-screened by these agencies and their profiles forwarded to the Adopt-A-Family program for matching. Families develop a "Wish List" of items that they need. These typically include pots, pans, toys, clothing, bedding, and cribs.
- *Godparent recruitment.* "Godparents" are recruited largely through community presentations, publicity and word of mouth. They are encouraged to collect and contribute second-hand items in good condition to fill the family's "Wish

List." Although they may spend money on their family, this is not an expectation. The program does not accept cash donations. Godparents are encouraged to develop a personal relationship with the family outside of providing for their material needs.

- *Program follow-up.* The program keeps track of its adoptions through the referring caseworkers who continue to have a relationship with the client families. Support is offered to the family and the godparents, as it is needed.

In the first 18 months, the program has matched up approximately 100 families with community sponsors. There are three major lessons that have been learned to date:

- 1 Build a strong resource network. The commitment and experience of the founder, Al Teglia, significantly aided the establishment of this program. With over 48 years of public service experience in San Mateo County, his knowledge about the needs of the county's families and the potential resources available was extremely valuable in the implementation of the program. Despite the unique experiences of Al Teglia, this program can be replicated elsewhere by establishing a network of agency and business representatives which focuses on two main areas (1) cultivating relationships with social service agencies who can refer clients, and (2) wide

dissemination of program information throughout the community to reach potential godparents.

- 2 Minimize bureaucratic procedures and costs. Unlike most programs for low-income populations, this one is not interested in getting more funding. In fact, the success of its implementation and expansion is, in part, because it is based exclusively on donations of time and materials. Outside of the staff time that is needed to establish and develop a program like this. The overhead costs are minimal. The program continues to refuse to accept cash donations because it would create too much "red tape." Any money that does change hands goes directly from the godparent to the family without incurring any administrative costs.
- 3 Make it easy to participate. The network-based approach and minimal bureaucracy make it easy for the key players (referring agencies, godparents, and client families) to participate. This program places only a small burden on the staff time and resources of referring agencies. The only requirement placed on clients is that they be pre-screened by a social service agency in the county. And godparents only need to commit to helping their family in whatever way they can for a period of one year. Beyond this the program places no requirements on participants.

The simplicity and strength of this program implies that it will continue to mature and grow as it is only limited by the amount of time, energy and resources to be mobilized without burdening the program with too much red tape. It should be noted, however, that the expansion process will face three major challenges in the immediate future:

- 1 Need for increased public awareness of the program. Continued public exposure of the program is critical for its future, especially keeping the program uppermost in the minds of referring caseworkers to encourage appropriate families to participate. It is also crucial to maintain a sufficient number of godparents who want to adopt these families through the use of flyers, websites, and volunteers who give presentations to local community groups which is the program's primary method of recruiting godparents.
- 2 Need for additional services. The flexibility of the Adopt-a-Family program makes it possible to expand the types of goods and services it can offer to client families. As new resources come to the attention of the program's manager, they should be incorporated into the program, given the changing needs of client families.
- 3 Need for program self-sufficiency. This represents the greatest challenge to the future development of the program.

The program is currently dependent on the personality and reputation of its founder, Al Teglia. The Human Service Agency of San Mateo has recently created a Community Liaison position to provide support to the Adopt-a-Family program in addition to numerous other community outreach projects. Judyt Bardales, the newly hired Community Liaison, is helping to develop the program's operating protocol, advertising materials, and job description for when she becomes the main contact of the resource network. As transition develops, Bardales will be more and more responsible for keeping track of potential godparents and client families. Teglia continues to coordinate the program and the partnership with Bardales at the Human Service Agency will insure that the program continues to flourish.

In the era of welfare reform, programs for low-income families that promote community building are more important than ever to address the social isolation experienced by those in the poorest neighborhoods who have the least interaction with the larger community, although many are located near more affluent areas. As one of the Adopt-A-Family godparents noted: "We all know that there are poor people out there, but we don't realize they live that close to us."

More than five years later

The Adopt-a-Family program has been in continual operation since its inception in 1997. The lessons learned from the implementation of the Adopt-a-Family program are still valid. The Human Services Agency has ensured that the program is coordinated and continues to flourish. Approximately 50 new families are matched with "Godparents" each year. The program has been able to increase the number of families matched each year due to increased sponsorships from corporate employees and small businesses. Participating low-income families have had from one to six children. The value of the "wish list" items provided to each child has averaged about \$275. No cash is accepted and sponsors buy the items that are needed by the families.

While some public speaking at community groups and some publicity from newspapers have helped to spread the community knowledge of the program, most of the growth has come from word-of-mouth endorsements from sponsors who have had positive experiences with their matched families. The community has embraced their role in supporting low-income families and children and is benefiting from this "hands-on" approach to helping. This program is another example of an innovative public/private approach to improve the lives of low-income families within the community.

APPENDIX C

Introducing Organizational Development (OD) Practices into the San Mateo County Human Services Agency

Executive Summary

It is rare that a public county human service agency has the opportunity to incorporate an internal organizational development (OD) function to assist with managing organizational change. This is a case study of one such agency that hired an internal OD specialist to facilitate organizational restructuring related to the implementation of welfare reform. The case study is based on the first three years of implementation (1996-1999).

Organization development (OD) is one approach to managing change within an organization. Organization development is a top-management-supported, long-range effort to improve an organization's problem-solving and renewal processes, particularly through a more effective and collaborative diagnosis and management of organization culture. However, it is important to develop realistic expectations for what OD can and cannot accomplish 1) OD is long-range in perspective and not a "quick-fix" strategy for solving short-term performance problems (Rothwell, et al., 1995). 2) While OD efforts can be undertaken at any level within the agency, successful OD interventions need to be supported by top managers, 3) OD expands worker's perspectives so that they can apply new approaches to old problems, concentrating on the work group or organization in which these new approaches will be applied, 4) OD emphasizes employee participation in the entire process from diagnosing problems to selecting a solution to planning for change, and evaluating results, and 5) the process of organization development is most effectively facilitated by a consultant who is either external or internal to the agency.

Numerous factors contributed to the creation of a permanent, full-time organization development (OD) staff position within San Mateo County Human Services Agency. In 1992, a newly reorganized agency and a new director, followed by a strategic plan completed in 1993, marked the beginning of a comprehensive organizational change process. All aspects of the agency were impacted including service delivery, increased use of teams, organizational structures, and community relationships. In 1995, following the implementation of many changes, the agency conducted a self-assessment involving all levels of staff in order to "take the pulse" of the agency and identify staff needs and perceptions. The self-study indicated that agency staff were struggling to keep up with the myriad of changes and needed more: 1) understanding of the strategic plan, 2) feedback on how staff were doing in implementing the plan, 3) honest and open communications from bottom up and top down, 4) attention to concerns about customer service and productivity; and 5) attention to job performance and workplace stress.

The director of the Human Services Agency presented a convincing case to the County Manager for the creation of an internal OD position to help implement a new model of service delivery. The idea for creating an internal OD specialist was further helped by increased attention throughout the county in 1996 to the field of organization development. Because of the high stakes associated with bringing a change agent into the agency through the creation of this new position, the Human Services executive

team devoted considerable efforts to developing a job description, recruiting, and using an assessment center strategy to pick the best candidate.

Following the orientation phase, the initial responsibilities of the internal OD specialist emerged as (1) working with the executive staff to create different types of teams that would implement the changes driven by the new service delivery model (such as policy teams, management teams, regional teams, and process teams); (2) working with each team to identify the team's purpose and procedures for accomplishing tasks; and (3) designing and conducting team-building activities and all-staff forums with line staff and supervisors to deal with issues related to the regionalization of services.

After two years of operation, several preliminary lessons can be gleaned from the experiences of the San Mateo County Human Services Agency. It is important to be cautious about applying them to other agencies since each agency responds to organization development in a unique way. Some of the lessons learned include:

- 1 It is important for the internal OD specialist to invest the necessary time and energy in developing a close working relationship between staff and management.
- 2 The internal OD specialist does not develop change recommendations for the agency.
- 3 Provide information to all levels of staff at the same time.
- 4 Organization development is not a solution to all of the agency's problems.
- 5 Relationship-building and sustaining has several levels: (1) creating and nurturing; (2) trusting and supporting; (3) risk-taking and new learning.
- 6 While OD specialists are in a unique agency position to see both sides of an issues since they are not in the chain of command to manage or deliver agency services, they need to help others expand their capabilities to see and sense.
- 7 It is crucial to monitor the changing and multiple staff perceptions of the OD function.
- 8 Moving from project learning to individualized learning requires time and patience.
- 9 Communication and collaboration with staff development is essential for the future viability of OD.

More than five years later

In 1996 the San Mateo County Human Services Agency (HSA) began implementation of SUCCESS, its local community designed welfare reform model, under a waiver granted by the California Department of Social Services. Changing the jobs and functions of hundreds of staff from individuals working in a hierarchical command and control organization to an outcome oriented, team process approach was a major undertaking and staff, supervisors, and managers required assistance in the transition process. The organizational development approach was one tool that was utilized to implement this massive change effort at all levels of the organization.

Introducing the OD function into an organization during a transformative change, such as SUCCESS, has had lasting impacts on how managers and supervisors think and perform their functions. For example, the gathering of data and input from staff is now second nature at all levels of the Agency when designing, implementing and evaluating changes in service delivery and programs in order to produce improved outcomes. Today, as program changes are made the OD approach to dealing with the reactions to implementation of the plan results in identification of necessary changes and quick course corrections. Employee morale has improved as they have seen that their concerns and suggestions are being sought, heard and course corrections made quickly.

In 2000 the internal OD specialist assumed managerial responsibility for the staff development function in HSA. As a result of this shift in function, OD tools and techniques were introduced to the staff development trainers. Staff development trainers became comfortable with utilizing team-building and visioning exercises, cross-Agency strategies for consensus building, and working with managers and supervisors to develop enhanced leadership training and coaching. The OD approach has become institutionalized in HSA and has contributed to the development of a “learning organization” culture.

APPENDIX D

Building the Capacity of High-Quality Childcare by Training Exempt Providers

Executive Summary

It is nationally recognized that there is an urgent need to increase the capacity of high-quality infant and toddler childcare (The Carnegie Corporation of New York, 1998; The Annie E. Casey Foundation, 1998; Kahn & Kamerman, 1998; Modigliani, 1994). One way to increase the capacity and quality of childcare is to recruit, train and support unlicensed, or exempt providers who care for their own children, the children of relatives and/or the children of only one other family.

This case describes the Child Care Coordinating Council Exempt Provider Training Project in San Mateo County which was established in 1997 to: 1) increase the quality of care offered by exempt child care providers, 2) promote the healthy development of infants and toddlers served by exempt providers, 3) increase the availability of child care for low-income parents receiving services from Medi-Cal’s Prenatal to Three Initiative and other community programs, 4) educate providers about the economic benefits of family child care as a profession, and 5) evaluate the effectiveness of services that provide outreach and education to exempt child care providers.

The training program encourages providers to facilitate healthy child development rather than simply custodial care.

Provider training needs are assessed as part of a sixteen-hour training program that includes four training sessions of four hours each. Classes are conducted in Spanish and English and are usually held on Saturdays to meet the needs of participants. Topics include: 1) how quality child care experiences can facilitate healthy early child development, 2) the importance of self-assessment in providing patience and consistent care, 3) teamwork and relationship-building with children and their parents, and 4) creating an environment for infants and toddlers that fosters healthy child development. The Project offers many other services, in addition to training, that include home visits, support groups, transportation, child care, referrals, educational literature and mentors.

Incentives are used to encourage attendance at the training sessions. Initially all participants were paid \$25 for each session they attend and another \$25 for coming to all four, but these payments were reduced to \$20 after class sizes became larger. In addition, the Project offers \$40 scholarships to attend CPR/first aid training and \$90 for registering with Trustline which includes

fingerprinting as a way to assure parents that their child care provider does not have a criminal conviction.

In the second year of operation, the Project staff gathered information about the participants to learn more about their characteristics, employment outside the home, and business practices. The evaluation yielded the following information: 1) approximately 75% of the first year participants were Spanish-speaking immigrant women that are married, live with a partner, or one or more adult friends or relatives who provide additional household income, 2) approximately 63% of the first year participants were parents with children under the age of three, and most participants and their partners have low incomes which leads to difficulties finding affordable, adequate housing and providing for the needs of children, and 3) approximately 17% of the first year participants have completed the child care licensing process while many others have made progress towards licensure.

Other program outcomes are difficult to quantify, but the following staff observations include: 1) an increase in attention paid to children in care instead of primarily completing household chores, 2) an increase in the safety and utilization of child care environments such as covering electrical outlets and clearing more space for the children to play, 3) an increase in provider patience and a decrease in over-protectiveness (as well as improved parenting abilities displayed by husbands/partners), 4) an increased connection between participants and public services, leading to increased utilization of support services, and 5) an increased connection among participants leading to continued support of each other personally and professionally.

Several lessons have been learned in the first two years of operation:

- Most low-income women with infants and toddlers that receive health services from Medi-Cal’s Prenatal to Three Initiative do not plan to leave their children in child care but instead choose to care for their own children at home while providing exempt care to the children of friends or relatives. Most choose this form of self-employment because it more closely suits the needs of their families.
- When the initial referral process was not effective in reaching the community of exempt providers, staff greatly increased participation through phone calls, fliers and community

presentations. Participation increased even more rapidly after the first few groups of participants spoke positively of the Project to friends and family members.

- Parents that care for only their own children (i.e., they are not child care providers) are also interested in attending Project trainings. There is a wider audience for childcare training than simply reaching providers.

More than five years later

The Child Care Coordinating Council's Home-Based Child Care Training Project was established and has been operating since 1997. Over the past 9 years, the funding sources for the project and the name of the project have changed, but the basic goals of enhancing the quality of care provided in license-exempt, home settings, and providing professional development opportunities for these providers have remained the same. The project continues to offer training in the core areas of child development, nutrition, and health and safety in childcare environments. Materials are constantly revised with participant feedback. Courses are offered in both English and Spanish, depending on the need. A play-group has been developed to connect providers and home visiting is a key part of the program. The program has found that the

trainings seem most successful and empowering when they focus on enhancing participants strengths and knowledge. Marketing the program is a collaborative function and was redesigned in 2003 when there was a drop in enrollment. The classes are now held at the San Mateo Adult School as part of their class offerings, providing a wider audience of individuals interested in becoming childcare providers. Since 1997, 2,079 providers have been trained and technical assistance has been provided to 742 providers.

The strategy of increasing both the quality of in-home childcare provided by exempt providers and increasing the pool of licensed childcare providers has paid off in San Mateo County. Many participants have moved to the status of licensed family care provider. The quality of the care provided by the participants has been reviewed by the Child Care Coordinating Council and has shown significant improvement. This program has contributed to several goals of HSA: improved early childhood development and child well-being, improved child safety in these settings, increased utilization of support services by providers and parents and increased availability of licensed child care providers in high need low-income neighborhoods, particularly Spanish speaking providers. It is a good example of partnering with the community to improve outcomes for children, families and low-income communities.

APPENDIX E

The Futures Project: School-Based Service Integration in San Mateo County

Executive Summary

This summary briefly describes San Mateo County's experience with the Futures Project, a pilot system of school-based health and human services in Daly City, California. The Futures Project was implemented as part of a consolidation of San Mateo County's human services system and the creation of the San Mateo County Human Services Agency (HSA). It helps illustrate the connections between system-oriented reform efforts and service integration.

The Futures Project was developed to test a more accessible and interconnected system of services for children and families in San Mateo County with an emphasis on prevention and early intervention. It was conceived as a way to create an interdisciplinary teamwork approach to meeting family needs in place of traditionally fragmented and categorized systems of services. Unlike most California counties, where school-based collaborative projects were developed separately from any changes in the larger human service system, the Futures Project was connected to a more comprehensive reorganization process. A major goal of the larger process was to support and develop stronger families. By addressing a wide range of needs for "at-risk" children and families the agency hoped to prevent major family problems such as child abuse and neglect. Linking public services for children and families to school systems was seen as a mutually beneficial approach for service providers, the schools, and families. Locating services at school sites increased accessibility by providing services at a site that families and children were already likely to visit for other reasons and tended to be in their neighborhoods.

Implementation was done on a pilot basis in Daly City, one of the four areas of the county in greatest need. Daly City was selected through a competitive application process, since it

required the involvement and commitment of the school districts and city to succeed. Resource limitations also dictated that it be a pilot project. The program design was the result of a complex collaborative network, including: HSA, mental health, public health, probation, County Office of Education and three separate school districts, city representatives and numerous community-based service providers and advisory groups. The county committed 25 county positions worth approximately \$1.5 million worth of services. The Peninsula Community Foundation committed funding for the Project coordinator. The county efforts coincided with the development of the statewide Healthy Start program that funded an operational grant for \$100,000 per year, plus one-time funding for remodeling and renovation expenses. The Futures Centers became operational in August, 1992.

During the first year, top-level administrators worked intensively to make the new model work. The project served as a laboratory for how to do things differently at the service delivery level to improve outcomes for children and families. Although staff initially found the multi-disciplinary process difficult, they gradually developed a sense of teamwork. The project also showed the difficulties of service collaboration between large bureaucracies. As HSA redefined its role in the community it was identifying the need for changes in the organizations with whom it partnered. Changes in the educational systems were much more difficult to make. This difficulty was intensified by the state regulations around the Healthy Start program and its evaluation design requirements.

Despite these difficulties, however, the Futures Project emerged as a very successful pilot initiative for re-engineering of the service model used in San Mateo County, the state and nationally.

More than five years later

The Futures Project was the pilot for a system of school-based health and human services in San Mateo County. It was unique, in that it was designed and developed as a pilot for a new way of delivering human services within the San Mateo County Human Services Agency (HSA) in collaboration with other county agencies, school districts, cities and community partners. During the difficult times of promoting organizational and culture change in HSA, the Futures Project served as a concrete example of how services could be delivered more effectively in a multi-disciplinary, collaborative, community setting.

The model initiated at Futures has since been adapted in other communities in San Mateo County where a network of 15 Family Resource Centers now exists in high need communities. One of the 4 Futures sites has served as a pilot for the new Differential Response approach which is a part of Child Welfare Redesign in California. Lessons were learned from the Futures pilot and redesigns of the school-based services administration, staffing, training and funding have come from the experience. The Futures approach has transitioned into the Daly City Family Resource Center Network. However, Redwood City has developed the most extensive network of school-based Family Resource Centers in San Mateo

County. It is structured quite differently from Futures, but incorporates the multi-disciplinary, prevention and early intervention focus learned from the pilot. Redwood City has made the most progress in systematically evaluating the outcomes of the school-based services approach. Redwood City has also demonstrated that for true strong partnerships, all parties need to be committed to resources, not just oversight. The financial partnership in Daly City could be much stronger and change efforts are underway to modify the relationships. The county still funds much more of the Daly City Family Resource Center Network than any other community.

One important lesson learned from Futures is that management and supervision of Family Resource center county staff is still critical, even though daily coordination and supervision may be provided by a collaborating partner. Over the past 14 years, there have been difficulties with clinical supervision of mental health and public health nursing staff and problems with quality control on record keeping and documentation when agency supervision and management have not been strong. Strong partnerships and strong ownership of the collaborative structure and services is necessary for all partners to make Family Resource Centers successful in meeting the needs of their communities.

APPENDIX F

San Mateo County's Organizational Assessment and Service Survey: How Are We Doing?

Executive Summary

Organizational change is a complex process. It is often difficult for top management to determine how messages about change are being incorporated in agency functions. In order to understand staff perceptions and to assess how organizational changes were being viewed throughout the agency, the San Mateo County Human Services Agency (HSA) involved staff in an Assessment and Service Survey in 1994. The survey was conducted by a private-sector consulting organization that donated its time. HSAs reorganization was seen as similar to many private sector businesses experiencing the re-engineering of their infrastructure and mission. There were three purposes for the survey: 1) to measure effectiveness and quality of the work environment, 2) to determine staff assessment of customer service, and 3) to identify opportunities for improving decision making in HSA.

Five broad issues emerged from the results and were to be used to continually improve change efforts. The breadth of the negative comments was surprising to the Executive Directors of HSA. The HSA Executive Team looked carefully at the results to determine what kinds of changes could be made immediately to address staff concerns. In the spirit of openness and shared ownership for the solutions, the survey results were widely distributed to all HSA staff with a memo indicating that the Executive Team was in the process of crafting a plan of action to deal with the survey issues and recommendations and would be discussing with staff once it was drafted. It was stressed that it was committed to keeping the lines of communication open and creating a work environment that would inspire trust, creativity and integrity. The Executive

Team action plan was distributed to staff eight weeks after the survey results. Staff members were asked for input and participation in finalizing the plan to further deal with the recommendations.

Other county agency directors were intrigued with the idea, but some felt it was too risky in a political environment. This was reflected when an anonymous copy was sent to a member of the Board of Supervisors with no context, without the memo and with no action plan. This member was satisfied when supplied with the information and was impressed with the level of agency self-examination being undertaken.

Some of the lessons learned include:

- Assessing organizational change through staff input is a lengthy, all-encompassing process for the entire agency. The depth of effort to implement the survey and establish and action plan was not anticipated.
- Organizational changes take time. Staff had difficulty functioning with uncertainty created by the multitude of changes taking place in their environment. Extra effort was required during the transitions in such a bureaucratic and hierarchical structure.
- Develop a communication plan. Direct, timely and consistent communication from management and supervisors through a variety of methods is critical to creating a common understanding.
- The change process can be made easier by dividing the process into four or five specific tasks. Piloting changed ways of doing business can make it easier for staff to understand the change required in their jobs.

- A strategic plan is a living document. Discussing the plan on an individual program and systems level helps to develop the “shared sense of reality”.
- Ongoing learning is an important part of staff development and change.
- Managers need to provide leadership in a way that coaches and encourages staff. Staff expects managers to help interpret the strategic directions and provide guidance on how jobs can be modified to achieve the vision.

More than ten years later

The San Mateo Human Services Agency Organizational Assessment and Service Survey was an attempt to utilize the donated expertise and time of a prominent business consultant and member of our community who was interested in seeing a public sector agency undertake major organizational change. The differences in the environments were underestimated on both sides. At the time of the assessment HSA had only been in existence for two years. It was comprised of a multitude of human service, employment and housing programs with multiple cultures and processes. Although

the process and results of the assessment were difficult, in retrospect, it was a key factor in communicating a new way of doing business and new expectations and resulted in an action plan that moved the changes in HSA significantly over the next decade.

Organizational assessments require a significant amount of managerial and leadership effort. They are risky in that once undertaken the results cannot be ignored and must be responded to in an open and visible manner. They often produce conflicting feedback that is a measure of the divergent cultures: the old and the new. Organizational assessments can create an expectation that every concern will be addressed, which is not possible. They can, however, provide insight to Executive management about how their actions and messages can be misinterpreted if the context is not communicated effectively. Communication is of utmost importance and all methods of communication must be utilized and messages repeated many times. The San Mateo County Human Services Agency benefited from undertaking this assessment. It was a part of moving the organization to the “learning organization” culture of today.

APPENDIX G

Preparing Human Services Workers to Implement Welfare Reform: Establishing the Family Development Credential in a Human Services Agency

Executive Summary

This case study describes an effort undertaken by the San Mateo County Human Services Agency to train human service workers in collaborative case management to deliver strength-based services within a new multi-disciplinary system as part of the implementation of welfare reform. It focuses on the start-up and implementation of the Family Development Credential in San Mateo County, California.

In order to meet the new work participation outcomes mandated by the 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) San Mateo County Human Services Agency (HSA) decided to restructure its service delivery and training approach to promote a comprehensive, interdisciplinary service delivery system. This resulted in significant changes in job functions. Much more emphasis was placed on family screening and assessment, case management, employment services and multi-disciplinary case planning. An in-service training program was developed to re-train former eligibility workers. A partnership was developed with the College of San Mateo, one of the local community colleges, to create a two-year Human Services Certificate program. Many eligibility workers had not attended or completed college. This new program was designed to teach them new skills in “Interviewing and Counseling” and “Case Management.” Courses were offered on-site at HSA, as well as at the community colleges. Staff received college credit for all training satisfactorily completed. In some cases courses were offered on work time. It shortly became clear that staff required more training than this program provided. In order to meet this need a collaborative effort was undertaken with the Community College Foundation (CCF) to bring the successful Family

Development Credential (FDC) program that had been developed by New York State with Cornell University to San Mateo County.

In August 2000 HSA decided to begin training for its front-line human services workers, as well as interagency collaborative partners, in FDC. The primary goal of FDC training is to empower human services staff to provide services in ways that are family-focused, strength-based, and help families develop their own capacity to solve problems and achieve self-sufficiency. There were three components designed to meet this goal: 1) The Facilitators Institute, 2) Field Instruction, and 3) The Family Development program. HSA viewed this program as a key tool in transforming the culture of the organization to meet its new mandates. In October 2000 training began with two groups of 25 participants. Participants received college credit for the training.

There were both successes and challenges associated with implementation of this collaborative program. The following lessons were derived from start-up and implementation:

- 1 Commitment is essential at all levels of the agency. Supervisors, as well as managers, must provide support for participants and co-workers in order to handle the workload while staff are trained.
- 2 Time management emerged as a critical work and program issue for facilitators, field advisors and participants. Training on time management and problem solving could be added as a half-day component to the facilitators’ institute.
- 3 Agency supports (time, tuition, field supervision, etc.) clearly enhance program participation and can reduce resistance to mandatory training.

- 4 It is necessary to address the disconnect between strength-based concepts of FDC and federal, state and HSA forms which are problem focused.
- 5 Adequate time to apply concepts learned in the facilitation and training sessions in critical.
- 6 Diversity of participants and facilitators from different service units and community agencies is essential to learning and future collaboration.
- 7 High levels of satisfaction among FDC graduates may help with future staff recruitment and retention, as well as increased productivity within HSA.

More than five years later

The implementation of the Family Development Credential (FDC) in the San Mateo County Human Services Agency (HSA) proved to be a key factor in re-training front-line staff for the transition from eligibility processing to screening, family assessment and case management functions needed to meet the new vision and outcomes set forth under welfare reform. The partnership with the Community College Foundation and the emphasis on enhancement of skills through education for college credit gave the program credibility and provided incentives to the staff to improve their careers through education and training. It was a critical component to changing the organizational culture in a direction that reflected the messages staff were to be communicating to clients. Staff felt supported and valued during a difficult period of systems change.

As of June 2006, 204 HSA staff and many partner agency staff have graduated from the FDC program since its inception in 2000. The FDC has expanded in the community to include two classes taught by Canada College (another local community college), one in Spanish and one in English. Canada College also offers an on-going class sponsored by the Home Visiting Improvement Project directed at home visitors in community agencies and Head Start workers.

Some of the new lessons learned include:

- Offering the class twice-weekly presented coverage issues that made it difficult for supervisors and co-workers to be supportive of participating staff. Classes were reduced to once a week in 2002-03 and since then the issue of coverage and ongoing support has not resurfaced.
- According to staff, the FDC strength-based, empowerment model does result in increased numbers of individuals and families who implement welfare-to-work plans and move toward self-sufficiency.
- Human service staff in both HSA and community partner agencies report feeling more confident in their work and that their work is more rewarding since participating in the program.
- The implementation of CalWIN, the new automated welfare system, presents special challenges for staff. Techniques for connecting with and establishing rapport with a client while also entering information into the computer system need to be developed and staff training provided.

APPENDIX H

Promoting Self-Sufficiency Through Individual Development Accounts (IDAs): The San Mateo County Experience

Executive Summary

The average American family holds only \$3,700 in net financial assets and nearly one-third of American households operate with zero or negative financial assets. The typical family is only about three monthly paychecks away from financial ruin. The savings rate for U.S. households is under 5 percent. Government policies have not promoted asset building among the low and middle-income populations. Welfare reform legislation passed in 1996 required that millions of families become self-sufficient. Implementation strategies have primarily focused on promoting work and job training. Little attention has been given to asset building, although the highest rates of asset poverty are among former welfare recipients, primarily female heads of households with children.

In an effort to address this issue, a new program, the Individual Development Account (IDA) has emerged. IDAs are special savings accounts designed to help people build assets to reach life goals and to achieve long-term security. Account holders receive matching funds as they save for purposes such as buying a first home, attending job training, going to college, or financing a small business. Funding for IDAs can come from public and/or private sources. Three major federal laws provide the framework for the option of developing IDAs. These are: (1) the

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (2) the Assets for Independence Act of 1998 (AFIA) and (3) the 1977 Community Reinvestment Act (CRA). As a result several states have allowed for the creation of IDA programs related to welfare reform or have utilized TANF funds for such programs. California has enabling legislation, but implementation was dependent on additional federal appropriations, which have not been forthcoming. California did establish incentive funding for counties related to implementation of welfare reform. Counties developed plans for use of these funds within state guidelines. This case study describes the implementation of an IDA pilot program by the San Mateo County Human Services Agency (HSA) as part of its plan to move low income former TANF families to self-sufficiency.

San Mateo County Human Services Agency established a public/private funded IDA program in partnership with the Assets for All Alliance in 2000. Alliance investors included HSA, the Peninsula Community Foundation, the David and Lucille Packard Foundation, Community Foundation Silicon Valley, the Candelaria Foundation, Citibank and Bank of America. The pilot program enrolled 50 families through the Peninsula Works One-Stop Employment center in Daly City. Families committed to a five-week money-management class, one goal-specific seminar, and six meetings of the investor club annually. As of May 2001,

ninety-two percent of participants had demonstrated a regular pattern of savings, exceeding both the program performance goals and the national average. Eighty-four percent had reached their monthly savings goal. Based on these outcomes HSA extended the program throughout the county with an additional investment of incentive dollars to include 75 new low-income families.

This case study offers lessons learned in the following four areas:

- 1 **Resources:** Building on current resources was critical to success. Enterprising staff and the personal relationships between the workers and their clients were central to the recruitment efforts and initial success.
- 2 **Flexibility:** Adapting the program based on participant feedback is critical. For example, after the second set of money-management classes the program content was reorganized.
- 3 **Program Development:** It was important to include participants, staff and partners in identifying program strengths and weaknesses in an effort to constantly improve the model. It was agreed that recruitment and retention was dependent on personal contact between case managers and participants, with follow-up mailings and telephone reminders.
- 4 **Personal transformation:** The money-management seminars, presented in a family-like environment by friendly professionals, have led to other outcomes beyond financial gains. Improvements were noted in family relationships, healthier lifestyles, and high motivation and self-confidence about improving their and their children's futures.

More than five years later

The first class of families enrolled in The Individual Development Account (IDA) program in the summer of 2000. The final class enrolled in the fall of 2004. The program is continuing with existing funding for program administration, case management and matching savings until June 2007. No further funding has been committed beyond that date. IDA programs nationally are facing similar problems. The program was funded with both public

(CALWORKS incentive dollars) and private resources. The foundations that supported the effort advocated for public legislation to establish the program through changes in tax laws and to support the administration and case management aspects of the program through federal and/or state funds. The federal efforts have been thwarted due to the federal budget deficits. California has passed enabling legislation but has not provided new funding in addition to the federal and state matching Temporary Assistance to Needy Families (TANF) funds to establish an IDA program statewide.

The results of the program have been positive at reducing the economic uncertainty of low-income working families:

- 275 families have completed financial literacy classes (as of 12/31/05).
- 72 families have successfully graduated from the program using all their match funds for an eligible asset purchase
- 98 families have made withdrawals for an asset purchase
- 91 families are still actively saving
- 85% of active savers demonstrated a regular savings pattern

The estimated total impact of the program so far is approximately \$1,000,000. This amount includes participants' savings, earned match and withdrawals to date. The following asset purchases were made: 1) 13 home purchases, 2) 21 home improvements, 3) 12 education purposes, 4) 21 education for their children, 5) 5 small business development, and 6) 26 retirement funds.

Considering the average monthly deposit and average income, San Mateo County participants are saving at a rate of 4%. In 2005 the saving rate for the American public as a whole dipped into the negative realm. This demonstrates that low-income families can be trained and will save with clear goals in mind. Strong emphasis on automatic savings systems has significantly contributed to this success. Clients, however, are struggling to obtain a home in the San Mateo County high priced market. Clients also require intense case management and support. A longitudinal study is in process on the graduates and should be available by the end of 2006.

APPENDIX I

Collaborative Partnerships Between the San Mateo Human Services Agency and Local Community Colleges

Executive Summary

The events that led to the collaboration between the Human Services Agency and the community colleges in the County of San Mateo are a mixture of legislative and agency-based circumstances. The initiation of managed care, the passage of welfare reform legislation, and the Workforce Investment Act (WIA) made job development and employment outcomes the common objective of all mental health and human services providers. In addition, WIA initiated One-Stop centers, mandating that diverse human services providers work together in one location to help clients attain the common goal of employment success. Noting the lack of trained staff to aid in the rehabilitation and job placement of developmentally disabled, mental health consumers, and public assistance recipients, Edie Covent and Tim Stringari concluded that a

community college curriculum responding to the system changes and training needs of mental health and all other human service providers might gain the support of local community colleges.

With these prospects in mind, Edie Covent formed the Human Services Educational Collaboration (HSEC) and invited the participation of all major stakeholders: the State Department of Mental Health, County Department of Rehabilitation, Poplar ReCare, and local community colleges (College of San Mateo, Canada College, Skyline College, Solano Community College, and Riverside Community College). The San Mateo County Human Services Agency became a partner in the Collaboration during the Spring of 1997 upon realizing that their training needs in case management and employment outcomes could also be met by a human service curriculum.

The Human Services Certificate curriculum is designed to prepare students for various para-professional fields, such as mental health case manager, job coach/employment specialist, social service intake specialist, community health worker, and other entry-level human services agency positions. Each course includes 48-54 hours of instruction and can be completed in 16-18 weeks.

The instructors are primarily professionals currently working in the human services field. This adds to the credibility of the program from the perspective of employers who want to ensure that employees participating in the courses are learning pragmatic skills. A majority of students attending the courses are employed full- or part-time in the human service field. Only a few students in each class are not employed or are employed in other fields. To date, approximately 200 employees of the San Mateo County Human Services Agency have attended classes on-site at the Agency as part of job training. Approximately 200 other adults have attended classes at the College of San Mateo and Cañada College from the Human Services Certificate curriculum.

The collaboration is often characterized as a “win-win” in terms of the following benefits: 1) both public and private human services providers get their employees trained in case management and employment strategies, 2) community colleges gain a significant number of students enrolled in the courses, 3) the Human Services Certificate Program is now a part of the community colleges permanent curriculum, offered to any resident of San Mateo County, 4) consumers of human services receive assistance from more highly skilled providers, 5) employees of human services enjoy an increased level of professionalism, and 6) the Collaboration can serve as a model to other counties in the State of California.

Some of the lessons learned include:

- 1 The extensive investment in curriculum development by the community colleges, the Human Services Agency, and a wide variety of human services agencies throughout the community helps to make the curriculum relevant and timely.
- 2 The involvement of agency-based professionals as instructors in a human service certificate program contributes to its credibility in the eyes of the students, the agencies, and the community.
- 3 Fostering collaborations and community involvement contributed greatly to establishing a successful Human Services

Certificate Program as a permanent part of the local community colleges’ curricula.

- 4 Human services staff need an increasing level of training and professionalism to effectively meet the changing and complex needs of clients.

More than five years later

The Human Services Certificate Program, as collaboration with the community colleges, began in 1997. Since that time over 1,000 students, a mix of both community and agency employees, have participated in the program. Nearly 300 have completed the Human Services Certificate. Both San Mateo County Human Services Agency and community agency staff are tremendously supportive of the program. Some of the new lessons learned from the collaboration are:

- Public and private human services providers enrolled together in classes gain a better understanding of the others’ programs and increase their effectiveness as service providers.
- Human services managers, both public and private, report higher productivity on the job from workers enrolled in classes.
- The Human Services Certificate Program has sparked interest from staff in other areas of higher education.
- Staff demonstrate an increased interest in promotional opportunities within the Human Services Agency.
- Other residents of San Mateo County who have enrolled in the Certificate program have become interested in employment with the Human Services Agency. A number of these individuals have been hired and are now valuable employees.

The success of the Human Services Certificate Program has led to more collaborative efforts with the community colleges. A Community Health Worker Certificate program has been developed and 40 students have graduated to date. New classes are being added to the course offerings, including a new class on Rehabilitation and Recovery, which will be available in fall 2006. These expansions have been initiated by public and private agencies in the county to meet their need to provide more effective services. The community colleges have proved to be invaluable partners in improving the overall quality of services provided by the human services system in the county.

APPENDIX J

Hiring TANF Recipients to Work in the San Mateo Human Services Agency

Executive Summary

While the San Mateo County Human Services Agency had a history of hiring clients for temporary assignments, the Agency’s most recent effort to hire clients into full-time, permanent positions occurred with the implementation of welfare reform. The primary goal was to address the Agency’s staffing needs by providing meaningful employment for former welfare recipients as well as set an example for the larger community. In 1997, the San Mateo County Human Services Agency developed a new service delivery model called, “SUCCESS” (Shared Undertaking to Change the Community to Enable Self Sufficiency) which

included restructuring the Benefit Analysts positions into new case-management roles. The transfer of employees from one unit to another left many vacant positions, particularly in the MediCal program where the County’s caseload is the largest. In their effort to fill these positions, the Human Services Agency began hiring their own clients and this case study describes this process.

While former clients were hired in a variety of clerical and support positions, the primary focus of this case is the job description and hiring practices of the MediCal Benefits Analyst I. MediCal Benefits Analysts process MediCal applications, as well as provide on-going monitoring of individuals’ eligibility for MediCal

benefits. This task requires skills such as information retention, comprehension, organization, and mathematics. Hired as "Extra Help," the position does not include health insurance, sick leave, or job guarantees. While permanent positions are periodically available, applicants must successfully pass the civil service testing process to be hired as permanent employees of the Agency. As of the summer of 1999, approximately 6 to 8 former clients in Medi-Cal Benefits Analysts I positions have become permanent employees of the Agency.

To recruit for vacant Medi-Cal Benefits Analysts positions, the Medi-Cal program Training Specialist sends flyers advertising available positions to SUCCESS Centers, the Income and Employment Services Specialists (case managers), and to the Agency's clerical staff. The lead instructor of Human Services Certificate Program at San Mateo Community Colleges is also notified.

To train applicants for these positions, three cycles of training were completed (July, 1998; January, 1999; and May, 1999) and a fourth will be held August, 1999. Each training cycle includes approximately 10-12 participants. By the end of the training session, approximately 6 individuals are offered positions since some do not pass training tests, have poor attendance, or elect not to continue training. The seven-week training program includes a combination of academic/classroom instruction, on-the-job training, and computer training. Trainees are tested each week and must achieve an overall score of 80% or better to be hired.

Hiring former welfare recipients to fill vacant positions in the Agency not only addresses recruiting difficulties, but also sets an example for others in the community to hire public assistance recipients. It also helps to increase staff diversity. Former clients are often passionate about the jobs they perform, which is an attitude very much valued by the Agency. Obtaining employment with the Human Services Agency increases the potential of former clients to achieve long-term self-sufficiency, especially for those who become permanent employees.

Some of the lessons learned include:

- 1 In order to maintain the success of the hiring efforts, the Agency needs to address the difficulty of finding job-ready individuals among the rolls of public assistance clients since many welfare recipients with the best employment qualifications have already obtained jobs.
- 2 Extra efforts need to be made to assist former welfare recipients

to pass the civil service testing process. Supervisors' support and assistance would help prepare former clients for the civil service testing process. More emphasis is also needed on job performance when determining former clients' promotion to permanent employment.

- 3 Agencies need to find ways to increase the support networks of former welfare recipients as well as address the issue of inadequate health care benefits, sick leave, or job guarantees.
- 4 Developing and expanding mentoring and internship opportunities for former clients would help them make more successful transitions into the work world.

More than five years later

In 1998 the Human Services Agency initiated an effort to hire former welfare recipients to fill vacant positions in the Agency. This effort was initiated as a way to meet two needs: 1) the Agency's difficulty with recruiting a diverse workforce that reflected the demographics and languages of our client population, and 2) to set an example for other public and private employers in San Mateo County in hiring welfare recipients as part of our welfare-to-work efforts. At that time there were 11 clients hired into the Agency's Medi-Cal training unit. Approximately, 50% of this cohort is still employed by the Agency today. The others have either terminated voluntarily or were terminated for issues, such as performance.

The Human Services Agency continues to urge clients to apply for agency positions, but has not undertaken a special training class of only welfare recipients. No tracking is done to determine which clients are hired. While this effort served its initial purposes, it was not formally continued or developed. Clients are made aware of county jobs as part of their participation in the Peninsula Works One-Stop Employment centers.

The extra effort required of supervisors to assist recipients to pass the civil service testing and the extra mentoring and support required to ensure acceptable performance proved more difficult than expected. The job may have been too complex for the average level of skill of some of the clients. It may be unreasonable to expect to identify a cohort of clients at one time who possess the level of skill required to be successful in the benefit analyst position. This effort was an admirable attempt to assist clients in getting a good paying job with benefits, but was clearly not a good match for half of them.

APPENDIX K

The Family Loan Program: A Case Study of a Public-Private Partnership in San Mateo County

Executive Summary

Recent federal welfare reform legislation has transformed the way counties serve their low-income populations. San Mateo County has responded with a series of new programs designed to address the changing client needs. One of these new programs is the Family Loan Program, originally designed in 1984 by the McKnight Foundation (Minnesota), which provides low-interest loans to working families to help them deal with large, or unexpected,

one-time expenses. The McKnight Foundation, in partnership with the national Alliance for Children and Families, offers a series of matching grants for the local replication of the program. As a result of community collaboration between the San Mateo County Human Service Agency, the Peninsula Community Foundation, the David and Lucille Packard Foundation, and the Family Service Agency of San Mateo County, this innovative family loan program was launched in January 1998 to serve San Mateo County welfare recipients and low-income families.

The family loan program provides: 1) low interest loans of up to \$3,000 to low-income parents to help with one-time job or education-related expenses (most loans used for car purchase, car repair, work or school uniforms, tools for a trade, and childcare), 2) an opportunity for training and education in “real-life” skills involved with applying for, obtaining and repaying a bank loan, and 3) an opportunity to establish or repair a credit history. The client eligibility requirements include: 1) must be employed or enrolled in vocational training at least 20 hours a week and been at their present employment or vocational training 3 months or longer, 2) pursuing post-high school education (at least 9 credits semester), 3) have exhausted other loan sources and unable to qualify for conventional financing, 4) have sufficient disposable income (no less than \$80/month), 5) must be resident of San Mateo County (for at least 3 months), 6) must demonstrate the ability to make monthly payments, 7) loans must be related to helping parents make employment or education a success, 8) availability of loans to qualifying families regardless of race, sex or religious affiliation, and 9) can be custodial parent of child(ren) under 17 years of age, living in household (or 18 if child is in high school).

Loans are serviced by one of three local banks, Borel Bank and Trust, Bay Area Bank and Liberty Bank. Through the Family Loan Program, banks are able to reach underserved members of their community and qualify for low-interest federal funds under the Community Reinvestment Act (CRA). Additional community partnerships such as the free auto diagnostic services offered by the California Chapter of the American Automobile Association (AAA) are constantly being developed.

The San Mateo County program has benefited greatly from the experience of the national model. A review of the first year and a half of the program’s operation yields the following information: 1) of the 203 applications received, 89 (44%) were approved, 2) 71% of approved loans were for car purchase. The remaining funds were used for housing related expenses and child-care, 3) average application processing time was 15 days, 4) 97% of those receiving loans are women, 5) average loan size was \$2,594.00, 6) repayment rate of 91% (compared to the national rate of 70-75%), and 7) clients report an 89.9% decrease in work time missed; a 92.61%

reduction in travel time to work; and a 25.9% increase in attendance in job-related educational activities.

The program has helped many families achieve their education and job-related goals by providing them with low-interest loans. This unique blend of business and social services helps to link public sector clients with the private sector resources in order to: 1) alleviate hardship, 2) provide education and training, and 3) contribute to family self-sufficiency.

More than five years later

The Family Loan program has been in continual operation since 1998. Family Service Agency continues to operate the program and fund new loans with repaid loans from former clients. Family Service Agency has been able to secure private funds to support the administrative costs of delivering the program. Existing loans continue to be serviced by the partner banks and approximately 80 new loans are projected for FY 06-07. In order to issue 80 new loans, 2,560 inquiries from low-income families will be reviewed and assessed and 320 loan applications will be processed. Analysis of the zip codes of loan recipients has resulted in identification of the need for more outreach and promotion of the program to East Palo Alto and the Coastside communities. This will be a priority this year.

The most recent analysis of outcomes was completed in December 2005. The following were the results: 1) 91.7 % reduction in work time missed , 2) 90% reduction of time in transit to work, 3) 27.8% increase in attendance in job related education, 4) 90.3% maintenance or improvement in earned income, and 5) 34% average increase in monthly gross income for clients with loans.

Clients are benefiting from obtaining a reliable means of transportation to their jobs. They also are improving their credit ratings, and increasing their opportunities to secure additional training and better jobs. The Family Loan program has become a critical tool for promoting self-sufficiency in San Mateo County. It is an example of a public/private partnership approach that has resulted in a program that continues to serve low-income working families, including those transitioning from welfare to work, without on-going public financing.