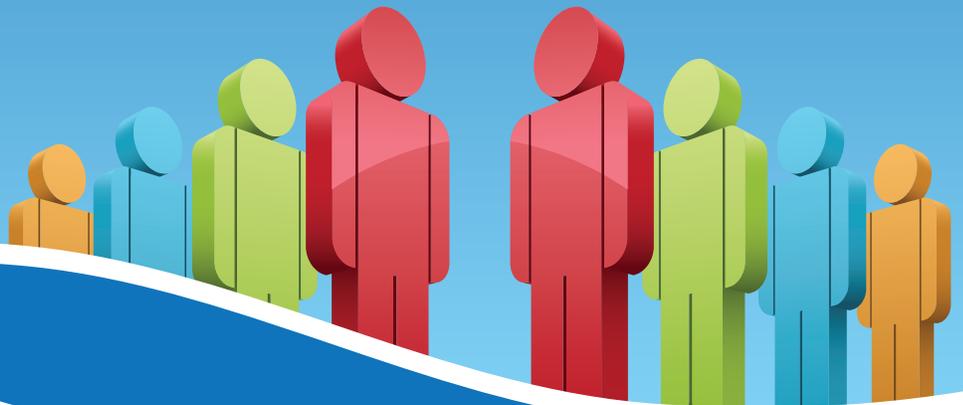


Human Services

IMPROVEMENT TASK FORCE



One County. One Team. One Goal.



Summary Report

Of the

Guilford County

Human Services Improvement Task Force

Presented to

The Guilford County Board of Commissioners

Thursday, December 16, 2010

TABLE OF CONTENTS

	Page
Introduction	4
Committee Composition	4-5
Overview	5-6
Committee Recommendations:	6-7
Short Term Actions	7
Intermediate Actions	7
Long-Term Actions	7-8
Governance Structure Recommendations	8-9
Recommendation Regarding Consultant	9
Conclusion	9-10
Supplemental Material:	
Attachment One—Foundation for Planning	12
Attachment Two—Timeline for Implementation	13
Attachment Three—Possible Governance Models	14



Summary Report

Guilford County

Human Services Improvement Task Force

INTRODUCTION

The Guilford County Board of Commissioners appointed the Human Services Improvement Task Force on August, 19, 2010 and charged it with determining ways to accomplish the following:

- Promote unity of purpose in the Human Service Departments;
- Improve service delivery, reduce redundancies and maximize resources;
- Take advantage of the strengths and core competencies within each of the Human Service Departments; and
- Remove institutional and legal barriers to efficiencies and effectiveness.

Commissioner Carolyn Coleman was selected to serve as Chair of the Task Force, which was established as an extension of the Effective, Efficient Governance Committee and chaired by Commissioner Coleman.

The Committee was directed by the Board of Commissioners to examine each of the four primary areas of inquiry and make specific recommendations to the Board.

COMMITTEE COMPOSITION:

Commissioner Carolyn Coleman, Chairman

Former Efficiency Committee Members

Mark Kiel

Steve Showfety

Commissioner Kirk Perkins

High Point Designee

Dr. Walter Childs

Human Service Board Designees

Dr. Jewell Cooper, Social Service Board

Bert Davis Jr., CPA, CFE Mental Health (Guilford Center)

Dr. Michael Norins, MD Board of Health

Facilitator:

Jeff Thigpen, Register of Deeds

Staff

Brenda Fox, County Manager

Sharisse Fuller, Assistant County Manager & Human Resources Director

Mark Payne, County Attorney

Michael Halford, Budget Director

Martha Rogers, Internal Audit Director

Barbara Weaver, Information Services Director

Merle Greene, Public Health Director

Robert Williams, Social Services Director

Billie Martin Pierce, Mental Health/Guilford Center Director

OVERVIEW

Guilford County government provides a range of health and human services to the community. The Human Service Agencies (Public Health (PH), Mental Health (Guilford Center), and Social Services (DSS)) are the lead local agencies delivering these services through their compliance with various federal and state regulations.

The citizens' needs for Health and Human services continue to increase based on our fragile economy. Guilford County must respond to these complex social needs and problems in a manner that delivers quality services to individuals and families in the most customer-friendly way in an ever increasing environment of limited financial resources. Thus, there is a need to assess all available options to improve human services based on statutory responsibilities in providing person-centered services to Guilford County citizens.

Guilford County, whose population exceeds the minimum of 425,000, meets the threshold to consider consolidation of Human Service Agencies and Boards under NCGS 153A-77 as a possible mechanism for improving efficiency if this is proven to be both service and cost efficient for the County.

The Committee carried out its charge in a methodical and thoughtful manner. They met twelve times and accomplished the following:

- Reviewed the core services of DSS, Public Health, Mental Health (Guilford Center), and touched upon the role and structure of Child Support
- Reviewed departmental process flows and organizational charts
- Brainstormed areas to gain efficiencies and effectiveness
- Reviewed whether services are mandated or non-mandated
- Studied improving common functional areas
- Heard presentations from private industry and other state and local officials on technological and organizational improvements
- Examined current status of human services technology and current best practices available for transforming human service delivery
- Examined the clients with record of high usage/visits to the Human Services departments and assessed commonality of those clients
- Drafted the “Task Force Objectives for a Final Recommendation and Outcome for Improved Shared Human Service Delivery” (Attachment One)
- Heard a presentation from a national expert on “Transforming Human Services for the 21st Century and Developing Person Centered Approaches to serving Clients.”
- Sought input from clients through surveys of DSS, Public Health and the Mental Health (Guilford Center)
- Addressed barriers to efficiency and effectiveness, such as legal constraints
- Developed departmental recommendations to improve shared human service delivery
- Examined and deliberated on five governance models

COMMITTEE RECOMMENDATIONS

The Committee recognizes that Guilford County is facing an unprecedented revenue shortfall in the 2010-2011 fiscal year. Immediate and substantial cuts will have to be made in all areas of County government. As a result, there is a strong desire by the committee that its recommendations be acted upon quickly and without delay with structured accountability on every level of county government, to include each Human Services Department, County Management, and the Board of Commissioners.

The Committee approved a Human Services Efficiency Timeline developed by the three Human Service Department Directors (Attachment Two), which outlined specific actions and recommendations for a more person-centered approach for enhanced human service delivery.

Some recommendations have already been acted upon, as follows:

- The County requested and was granted pilot status for NC Fast.
- The opening of the Evans-Blount health care clinic presented an opportunity to improve access to shared human service delivery by housing DSS Medicaid and food stamp eligibility workers together with health staff.
- Staff is working together on budget.

The Human Service directors identified other short-term, intermediate and long term actions that would improve shared human service delivery.

- Short term actions can be accomplished within this fiscal year (six months)
- Intermediate term actions can be accomplished within next fiscal year and may have a budgetary impact
- Long-term actions may require more extensive study (possibly by a consultant) and development of a detailed plan of work prior to implementation

These items are listed below:

Short Term Actions:

- Evaluate “no wrong door” (single portal) concepts
- Develop a plan for a limited shared call center to service clients of PH, Mental Health (Guilford Center) and DSS
- Assess Business Intelligence (BI) software and Laserfiche usage
- Evaluate possible co-location of DSS/PH eligibility
- Combine Public Health grant writing efforts with DSS and Mental Health (Guilford Center).
- Move State Pregnancy Prevention from PH to DSS
- Bring uniformity and efficiency to contract management with the assistance of the County Attorney’s office
- Impose hiring freeze on selected duplicated positions
- Transfer Public Health Adult Primary Care clients to Evans Blount Center

Intermediate Actions:

- Coordinate purchasing functions where possible to enhance cost saving efficiencies
- Combine PH/DSS required consumer education classes
- As a selected pilot site, DSS preparation for pilot use of the new State system, NC Fast
- Re-evaluate plans and provide status updates

Long Term Actions:

- Implement an improved system, of Care for adults by expanding the DSS Guilford Adult Initiative Network’s Case Management service to older adults receiving services from PH and the Mental Health (Guilford Center)
- PH will pursue direct billing to Medicaid

- Complete study to possibly centralize business support areas and implement
- Divest Mental Health (Guilford Center) Crisis Emergency and Medication Management
- Re-evaluate plans and provide status updates

Governance Structure Recommendation: Quasi-Consolidation

The Committee reviewed five options for governance structures (Attachment Three). The five options were:

- Centralized Administration Model – roughly the Wake Model with a large centralized Board with broad powers
- Board of Commissioners Governance Model – roughly the Mecklenburg model with the Board of Commissioners being the governing body
- Shared Governance Model – with a medium size governing board and a super majority voting assignment
- Limited Oversight Model – with a small to medium size governing board that is limited to administrative rather than policy issues
- Quasi-Consolidation – maintenance of the existing statutory structure for current boards maintained with an advisory committee established by the Commissioners for prescribed duties to be reported quarterly to the Board of Commissioners

Four of the five options were under a consolidated model, ranging from a strong centralized authority to a model with limited oversight. The fifth option required no immediate changes based on NC General Statute 153A-77, but creates an Oversight Committee to provide a comprehensive approach to achieving improvements across the disciplines.

The Human Services Task Force has recommended a Quasi-Consolidation model with an Oversight Committee (fifth option) to the Board of Commissioners. This option was approved by the Committee on a 6-1 vote. There was general agreement that the Oversight Committee would be charged with accomplishing the immediate goals of the task force and exploring future governance options for human services agencies. The Oversight Committee is intended to be action oriented and report to the Board of Commissioners on a quarterly basis on progress in achieving outcomes.

It was suggested that the Oversight Committee be comprised of eight members, including the:

- Directors of each department;
- Human Services Board Chairs or designees;
- One representative from County Administration (Assistant County Manager); and
- One member of the Board of Commissioners.

The representative from County administration would chair the committee. The committee would have staff support as needed per the chair.

The Oversight Committee will:

- Act on the immediate recommendations agreed to by the Departments and the Committee to create greater collaboration;
- Increasing efficiencies, and
- Evaluate and implement shared services that will enhance efficiency
- Bring rationality to service changes in all agencies that will be necessary with constrained resources with an effort to maintain mandated services

The Oversight Committee would explore and recommend to the Board of Commissioners a potentially different organizational model that produces the greatest efficiencies within three years or less. Selection of a consulting organization was recommended to assist the Oversight Committee in this effort by reviewing business practices and making recommendations on best practices and long term governance structure options for consideration by the Board of Commissioners. The Oversight Committee would solicit community input on a periodic basis.

The human service agencies will continue to maintain their current board governance structures and statutory responsibilities during this period of implementing the task force recommendations and exploring additional opportunities to transform human services in the County.

Recommendations Regarding Consultant:

The County should engage a consulting firm to evaluate business practices within the three human service agencies and make recommendations on increasing their effectiveness and creating efficiencies, along with technology enhancements. The consulting firm would also explore the organizational options and provide recommendations for future governance models for consideration by the board of commissioners.

The committee had general agreement that consolidation could be the ultimate outcome, but not at this time. There was strong agreement that consolidation will require an extensive detailed plan that would clearly identify the benefits and costs and a specific plan to achieve the goals of the task force. Such a plan has not been proposed and there would need to be additional expertise to help create those options for consideration.

CONCLUSION

The three Human Service Department Directors identified areas to improve shared human service delivery for Guilford County residents. These recommendations have potential to improve efficiency through savings, better use of resources and to improve effectiveness through improved access and a more person-centered approach to enhanced human service delivery. The Human

Services Improvement Task Force endorsed these recommendations and felt that it was a step toward improved cooperation, cooperation, and collaboration.

The Human Service Improvement Task Force endorsed a Quasi-Consolidated structure with a Commissioner-appointed Oversight Committee comprised of the Assistant County Manager, a Commissioner, the Directors for PH, Mental Health (Guilford Center) & DSS and the chair of the human service boards, or their designee to monitor effective and timely implementation of this effort to improve shared human service delivery.

The Oversight Committee will report quarterly to the Board of Commissioners and have the following duties:

- Monitor the implementation of the plan for consolidation of functions;
- Identify and implement opportunities for efficiencies and effectiveness in each department
- Review the service delivery models to ensure client service is provided in the most efficient and effective manner
- Oversee the development and implementation of client surveys by each department
- Develop an annual report that is presented to the BOC detailing its activities and results
- Seek direction from the BOC for additional efforts
- Continue evaluation of consolidation opportunities AND implement the model that produces the greatest efficiencies within 3 years
- Manage implementation of timeline events (County Administration Lead)
- Solicit community input on periodic basis

The Task Force also felt the County should engage a consulting firm to evaluate the merits of consolidation and suggest options for future governance models for consideration by the Board of Commissioners.

Finally, the committee's recommendations are the result of in-depth research, numerous meetings with department directors and other staff, and presentations and materials provided by outside guests. A positive outcome of the Human Service Improvement Task Force has already been realized. The Human Service Department Directors and their management staff have been working more closely with one another to identify efficiencies. They plan to continue to identify ways to work more efficiently and effectively, without diminishing service levels. They remain committed to supporting the needs of the Human Services Departments and streamlining service delivery for our customers.



Supplemental Material

Guilford County

Human Services Improvement Task Force

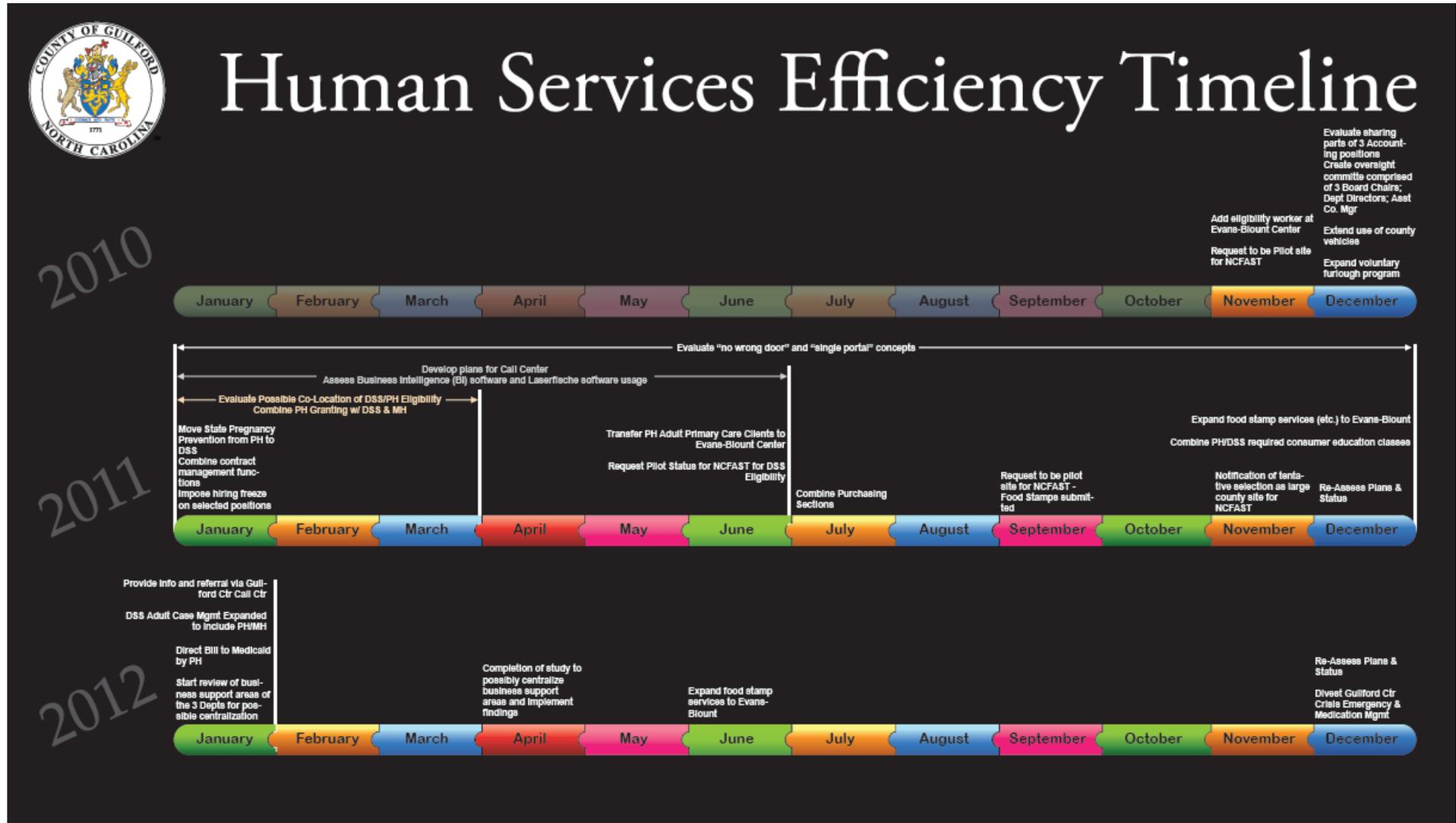
ATTACHMENT ONE – Foundation for Planning

Desired Improved Human Services Outcomes
Human Services Improvement Task Force Objectives

<i>Includes governing structure priorities</i>	Provide Unity of Purpose - Common Strategic Goals	Address Client Needs - Improved Service Delivery	Reduce Redundancies & Maximize Resources	Utilize Dept Strengths & Core Competencies	Remove Barriers to Efficiencies & Effectiveness
Governing structure provides clear guidance to department director(s)	Provision and organization of services are client-driven	Duplicative paperwork, forms, processes are reduced	Client intake, assessment, and "triage" functions are improved (e.g., call center concept)	Information sharing is increased and improved	
Governing structure is adaptable to current conditions	Client services resources are maximized	Business efficiencies are improved	Core competencies and specialized knowledge are maintained	Communication between departments is increased and improved	
Governing structure is not cumbersome and avoids too many boards	Services are effective, as well as efficient	Administrative costs are minimized		Service/outcome evaluation function is developed and/or improved	
Governing structure protects/supports board members' specialized knowledge of agency, service, and client needs	Service planning addresses future demand and need	Common functions, such as billing and grant writing, are consolidated		Technology is used to improve data sharing and client services	
Governing structure supports/directs coordinated services for clients of multiple agencies	Technology is used to improve client access to services				
Governing structure does not harm quality of service	Services delivered to clients of multiple agencies are coordinated across disciplines				
	Unique client needs and differences are recognized and addressed				
	Clients are aware of range of services available				
	Appropriate levels of client privacy are protected				



Human Services Efficiency Timeline



ATTACHMENT THREE – Possible Governance Models

Type	Governing Board Membership	Limitations of Responsibilities	Structure of Existing Board	Core Directors	Comments
1) Centralized Administration Model	HHS Governing Board - Large Membership; Appointed by the Board of Commissioners; Limited Number from Core Services Boards	May act on recommendations presented by Core Services Boards; May differ from recommendations by majority vote;	Advisory; Makes recommendations to HHS Board	Appointed by Manager with recommendation of Core Services Board*.	Roughly the "Wake" Model; This model allows for removal of legal constraints on sharing of information by implementation of 153A-77.
2) Board of Commissioners Governance Model	Board of Commissioners	Must act on recommendations presented by Core Services Boards; May differ from recommendations by majority vote; Selects Director	Advisory; Makes recommendations to HHS Board	Appointed by Manager with recommendation of Core Services Board*.	Roughly the "Mecklenburg" Model; This model allows for removal of legal constraints on sharing of information by implementation of 153A-77.
3) Shared Governance Model	HHS Governing Board - Medium Size; Appointed by Board of Commissioners; Majority of members from Core Services Boards	Must act on recommendations of Core Services Boards; May only take contrary position by super majority; Advise on HHS Director	Advisory; Makes recommendations to HHS Board; Appointments made by Board of Commissioners with Recommendations by HHS Board.	Appointed by Manager with recommendation of Core Services Board*; May not remove Director without consideration of HHS and Board of County Commissioners	HHS Board advises on administrative rather than policy considerations; This model allows for removal of legal constraints on sharing of information by implementation of 153A-77.
4) Limited Oversight Model	HHS Governing Board - Small to Medium; Appointed by Core Services Board; Chairs from Core Services Board members	May only act on administrative rather than policy issues; May only differ from recommendations of Core Services Board by super majority	Advisory; "Core Services" or "Policy" recommendations from Core Services Boards mandatory.	Manager must follow Core Services Board recommendations.	This model allows for removal of legal constraints on sharing of information by implementation of 153A-77.
5) Quasi-Consolidation	Core Services Boards	Existing statutory structure	Unchanged	Serve at the pleasure of Core Services Boards	Significant number of changes may be implemented (Except as limited by statute), recommend advisory HHS Advisory Committee.

**For transitional purposes, the Board of Commissioners may consider recommending the Manager act within Core Services Board recommendations for a period of 2 years.*