

Inside...



**Enhancing  
Child  
Welfare  
Practice  
(p. 3)**



**Washington  
Watch (p.4)**



**Embracing  
Culture Change  
in California  
(p. 10)**



**Supporting  
Social Work  
With  
Technology  
(p. 14)**

*Innovative CNA Training Program:*

## Increasing Healthcare Access While Helping Coloradans Achieve Job Training

★ **BY JOANNA LINDSTROM**

Development Writer

Discover Goodwill of Southern and Western Colorado

A collaborative program and strategic partnership is forever changing the lives of individuals with disadvantages, as well as the forecast of the healthcare industry in Colorado Springs.

Like many states across the nation, Colorado is facing an extreme shortage of qualified healthcare workers. One of the most essential groups of workers within this industry is the Certified Nursing Assistant (CNA). Often the first contact of patient care, CNAs find employment in hospitals, long-term care facilities and clinics. According to a May 2013 report released by Economic Modeling Specialists International, of the top 20 fastest growing industries in Colorado Springs alone, six of them will need trained CNAs.

For more than 25 years, El Paso County Department of Human Services (EPCDHS) has partnered with Discover Goodwill of Southern and Western Colorado (Discover Goodwill) to provide case management and workforce development for the community's most vulnerable populations. In 2011, Discover Goodwill set out to remedy the CNA shortage by establishing the Certified Nursing Assistant (CNA) Training Program. This program is a collaborative effort with EPCDHS and Centennial Nurse Aid Training Program (CNATP). To qualify, candidates must be Temporary Assistance for Needy Families (TANF) recipients and have successfully progressed through Discover Goodwill's Personal Skills curriculum into a Community Work Experience program. Assessments are conducted once a month by Discover Goodwill and EPCDHS and include a background check, vocabulary test, career interest inventory and an empathy evaluation tool. The program then trains three to six students each month. The 12-week program meets Colorado state standards for certification and includes class time, lab skills and clinical sections.



**CONTINUED on Page 9**

## NACHSA Officers

### National Association of County Human Services Administrators

- ★ J. Glenn Osborne  
President  
Wilson County, NC  
(252) 206-4101  
gosborne@wilson-co.nc.gov
- ★ Richard Bengtsson  
Vice President  
El Paso County, CO  
(719) 444-5535  
richardbengtsson@elpasoco.com
- ★ Roxane Somerlot  
Secretary  
Marion County, OH  
(740) 387-8560  
somerr@odjfs.state.oh.us
- ★ Matthew Kurtz  
Treasurer  
Knox County, Ohio  
(740) 397-5123  
kurtzm@odjfs.state.oh.us
- ★ Tom Joseph  
(NACHSA STAFF)  
Waterman & Associates  
Washington, DC  
(202) 898-1444  
(202) 898-0188 fax  
tj@wafed.com
- ★ Marilina Sanz  
NACo Staff Liaison  
Washington, DC  
(202) 942-4260  
(202) 942-4281 fax  
msanz@naco.org

Visit us on the web at:  
[www.nachsa.org](http://www.nachsa.org)



# The President's Desk

★ BY J. GLENN OSBORNE  
Director, Department of Social Services  
Wilson County, NC

As we enter any new year, it serves as a time to both reflect and to look forward. I think it is safe to say, that even though most of our agencies now have the Great Recession behind us, last year was one that gave many of us new, government-produced uncertainties and challenges.

The highly-partisan Congress gave us little ability to project what funding we would receive from federal discretionary programs, given what felt like a federal budget operating on month-to-month installments. And, when we did get funding clarity, it was far too many times too late and with unprecedented impacts. Even though many observers did not believe they would ever occur, the March 2013 across-the-board cuts affected many of our county social services programs and our community-based partners. And, in October, the sixteen-day federal government shutdown effectively stopped the federal funding flow for discretionary programs and created tremendous uncertainty on how even many of the 'protected' entitlements -- such as TANF, SNAP and Medicaid -- would be administered at the state and county level if the stalemate continued too long.

Adding to the administrative stressors was planning for the launch of the Affordable Care Act (ACA). Whether you live in a state with its own marketplace or one that is federally operated, it became clear in most states on October 1 that government and its private partners creating the websites were woefully unprepared, frustrating millions of individuals who trusted that when clicking on a website, that they would get health coverage relatively quickly. Many of our county workers were also rebuffed as they tried to assist people in our communities.

As we look forward, I am always re-energized by the work of my colleagues in counties nationwide. Despite an often dysfunctional Washington, local administrators and their community partners are providing quality services to our least fortunate. Programs highlighted in this NACHSA Networker are proof and I think you'll agree.

Articles include: California counties' efforts to use planning for ACA implementation as a means to review how they serve their customers across programs; the use of mobile technology to serve families in Fairfield County, Ohio in need of protective services; implementing best practices in serving children and families in Buncombe County, North Carolina; and, decentralizing county human services offices in Hennepin County, Minnesota to partner with community organizations. Those and other initiatives may be found in this edition.

I am proud to serve as your NACHSA president. The organization provides us all with a forum to share with our colleagues our challenges and successes. As we move into this new year, I look forward to continuing to learn from each and every one of you. For those of you who are able to do so, I hope to see you in person at our NACHSA meeting during the NACo Legislative Conference in March.

Until then, all the best.

*Glenn*

# Buncombe County, NC Embraces Signs of Safety: A Child Welfare Practitioners Model

★ BY ANGELA PITTMAN  
Social Work Director

TAMELA SHOOK  
Program Administrator

MICK MCGUIRE  
Supervisor and Signs of Safety Practitioner

As child welfare leaders and practitioners, we live the mantra – safety, permanence and wellbeing for all children – and our system strives daily to achieve those outcomes for families within our system. Today, families with whom we work have more complex issues than ever before – trauma from past experiences including violence, lack of financial resources or family supports, significant mental health and substance abuse issues and for many, a deep lack of trust of any government system, particularly for one whose intervention is not optional. We continuously evolve our practice in order to find the right balance between statutory authority to ensure children are protected while engaging and honoring the partnership with the family, because we know authority imposed without buy-in from families does not lead to sustainable change in family dynamics. In 2009, we began having a conversation with community partners and social work practitioners about how we could best construct a network of safety for children, a network of relationships in which everyone has a responsibility.

As we began taking steps to build these networks, Buncombe County HHS leadership and staff were connected to the work of Dr. Andrew Turnell and his book “Signs of Safety” and when we read it, it was clear that this was the model which we had been seeking. It was not a theoretical model but rather a model that was built by practitioners as they worked with children and families in the field. Signs of Safety (SofS) is a relationship grounded, safety organized practice which closes the usual child protection theory/practice gap by allowing child welfare practitioners to think differently and expand the conversation with families about the abuse or neglect that has occurred. It’s simple in concept, yet difficult to do well in order to achieve positive outcomes for children and families. According to Andrew Turnell, one of the tenets of Sign of Safety is that **you cooperate with the person and not the abuse** (Turnell & Edwards, 1999).

The Signs of Safety model is a risk assessment framework



that includes components such as the risk assessment map, three column conversations mapping and the appreciative inquiry model as well. Given the multi-faceted tools in this framework, leadership believed that the best way to embody this approach in practice was to also apply these tools internally in the way social work staff are engaged – exploring their ideas and valuing their opinions. Since child welfare social workers often experience secondary or cumulative trauma, intentionally building a culture that supports social workers is one way of building resiliency. By employing the same tools and techniques, we hope to model employee ownership and enhance our organizational culture leading ultimately to better outcomes for children and families.

Buncombe County social work staff who were invested in this model, in partnership with leadership, agreed that we wanted to pursue this model as a framework and underpinning of our practice with families. Through Andrew Turnell’s website, we found Connected Families in Minnesota who were trained by and working with Andrew Turnell, and we asked them to consult with us around implementation and embedding this model into our social work practice, as well as into our culture and climate. This work began in 2010 and very intentionally started slowly, in order to give social workers space to try the model in the field and embrace it because they could see good results from the practice, not because this was “something else” leadership wanted to try.

CONTINUED on Page 6





# Washington Watch .....

## 2013 In Review: Congress Careens from Crisis to Crisis



★ BY TOM JOSEPH  
NACHSA Liaison, Waterman & Associates

Whew! Glad that's over...

While perhaps not spoken, those words had to be in the thoughts of many members of Congress as they left Washington for the holidays. The year 2013 was marked by budgetary brinksmanship and toxic politics.

The tone for the whole year was set on the first day of 2013, when the House and Senate met during a very rare New Year's day session to adopt a law avoiding large increases in taxes for most Americans and averting across-the-board cuts to all domestic and defense discretionary programs. The pattern was also set that day for a series of stop-gap measures to keep the federal government limping along for just a few months at a time, since the new law delayed the sequester until March 1 and federal spending was only appropriated through the end of that same month.

Despite the belief that Congress would avoid at all costs an indiscriminate meat-ax approach to cutting defense and domestic spending via sequestration, Congressional observers were proven wrong on March 1 when the House and Senate failed to even outline an alternative to that horrible policy, thus triggering a cut effectively reducing spending for all domestic discretionary programs by nine percent for the remainder of the federal fiscal year. Defense wasn't spared either. No one would have guessed that 'never should happen, unthought-of cut' was only a precursor to an even larger budget mess in the fall.

Later in March, with the across-the-board cuts baked into the budget, Congress adopted a bill continuing 2013 federal spending through September

30, so that the House and Senate appropriations committees could craft next year's appropriations bills over the next six months.

And then, over those six months, no spending bills came close to even being finished.

The Senate and House budget blueprints were so out of synch with one another that there was little chance that common ground could be found. Most striking was the House budget for HHS programs, which was 26 percent lower than the Senate proposal. House



---

Republican leadership knew that they couldn't craft an HHS package with such severe cuts, so they didn't even bring it to a subcommittee vote.

Glimmers of bipartisanship did shine through, however, on the Senate side on a few occasions when the upper chamber adopted sweeping, bipartisan immigration reform and passed a massive farm bill which included nutrition provisions. But the immigration bill was effectively killed by a partisan House when the provisions were referred to numerous committees. On the farm bill front, the House approved cuts to the Supplemental Nutrition Assistance Program (SNAP) which were ten times greater than what the Senate envisioned.

As October 1 approached, not one FY 2014 appropriations bill was ready for the floor, and, to the extent that there would be action, House Republicans insisted that the budget be tied to a repeal of the Affordable Care Act. Without some sort of budget extension, huge parts of the federal government would shutter on that day. Given the political repercussions of the last shutdown 17 years ago, no one believed that it would happen again. But, as everyone now knows, it did.

On October 16, federal discretionary programs remained unfunded and over one million federal employees were still furloughed. And, within hours, the nation approached default on its debt obligations. Congressional approval ratings sunk to their lowest level ever, hovering around nine percent.

Facing default and withering public criticism about a do-nothing Congress, the House and Senate took the bold step that day of passing a bill to continue federal spending for three more months. For the administration, the only saving grace of the shutdown was the fact that the budget debacle took some of the focus away from the

disastrous launch of the Affordable Care Act's federal health insurance marketplace.

As 2014 approached, Congress appeared to move toward a resolution on the farm bill, including a relatively small cut to SNAP affecting 16 states and a subset of their beneficiaries. Legislation to reauthorize and improve the adoption incentives program also gained traction, with provisions providing financial incentives for the first time for subsidized guardianship placements. And, exhausted from the budgetary bickering, Congress appeared to be headed toward a truce on spending, with the appropriations committees working on a status-quo omnibus bill to kick the spending can down the road until October 1.

The relative calm on Capitol Hill, however, may be short-lived. The federal debt limit will be reached by late February and budget proposals for FY 2015 will be crafted, with health and human services cuts likely once again proposed for Medicaid, SNAP and the Social Services Block Grant, among others. And, those debates will increasingly be infused with election year rhetoric, with members on both sides of the aisle worrying about opponents from their own parties who will be running against them in the primaries, claiming to be more conservative or liberal than the incumbent in the vast majority of districts that are 'safe' Republican or Democratic seats.

Stay tuned...Let's hope that 2014 isn't another year of careening crises.

FOR FURTHER INFO

★ TOM JOSEPH

(202) 898-1444 or [tj@wafed.com](mailto:tj@wafed.com)

# Changing Practice to Identify “Signs of Safety” in Families

*CONTINUED From Page 3*

Over the past three years, Connected Families staff came to Buncombe County a number of times to work with staff and supervisors on site, in real life situations and settings to teach and allow staff and managers to practice the SofS approach. In addition, Buncombe County sent managers and staff for intensive on-site training in Minnesota, as well as supported staff in attending other trainings with both Connected

**Harm statements are clear and concise and are based upon the fact about what happened in the past. ... Further, these statements are written in language the family understands.**

Families and Andrew Turnell. In addition, Mick McGuire, one of our Supervisors is currently training with Connected Families and working with Andrew Turnell in order to become a certified trainer of SofS. This has benefited Buncombe County practice and education about the model immensely. Our plans for 2014 are to focus more on leading from the SofS approach and strategically develop goals that will help us know when we get there.

## How Has Signs of Safety Changed Practice?

There are many components and tools within the SofS practice model. Described below are three of the tools that we began using in 2010.

### Harm and Danger Statements:

The agency's first bottom line was to include a Harm and Danger Statement in every case that transferred from Investigations to Family in Home Services or Foster Care. Often times our clients lives are very chaotic and it becomes difficult to determine what a true child safety concern is. The agency determined that Harm and Danger statements could be used to use concrete descriptors to state specific safety concerns we have for children.

Harm statements are clear and concise and are based upon the facts about what has happened in the past. Harm statements includes detailed descriptions of that impact to the child, the frequency with which it has occurred and if the impact is both physical and emotional. By using this framework, social workers have the tools to dig deeper and gain a better understanding of the facts of what has happened and the impact this has on the children. Further, these statements are written in language the family understands.

Danger statements capture worry for the future and are based on our understanding of past harm. Danger Statements include who is worried, (often people in addition to HHS such as the school, daycare, family members, spouse, etc.), what behaviors they are worried about, and the potential impact, both physical and emotional, this could have on the children in the future. These include possible behavioral descriptions of the offender and are also written in language the family understands.

Buncombe County HHS uses these statements to keep the focus on child safety when staffing for transfer to other service areas, in conference, and in safety planning. Further, these statements are developed with the family which increases the buy-in and also helps keep the intentional focus on the safety concerns that require our ongoing intervention. They become the building blocks for working with the family to create behaviorally-specific safety goals, focused on the behavior needed in order to mitigate safety. Safety goals help to provide vision for families in understanding what they need to demonstrate over time to no longer have HHS involved and makes it much easier to measure behavioral change versus compliance, which does not keep kids safe.

### Mapping/Three Column Conversations:

One of the practice tools is mapping/three-column conversation in which you ask the family and their supports: what are we worried about, what's working well and what needs to happen. The social worker and others that are “worried” in the room lay out specifics about why they are worried – for example, “grandma is worried that dad will



spank Tim again so hard he will have bruises on his legs and bleed again”. The main issue is addressed, but in order to build a network of safety around the child and help frame





what needs to happen, the conversation builds upon what is going well.

## Testing of Safety Plans:

Another concrete example of how SofS can be used is in Safety Planning. For social workers who have been in this work a while, they know that in the past Safety Plans were developed that might state - “parent must be sober at all times” or “eyes on supervision at all times” - yet such plans are not realistic or practical. Using the SofS approach, the County works with the family to build a safety plan that addresses the safety issues, that are realistic and that both the social worker and the family agree upon and meets the agency bottom lines for safety. If a natural opportunity doesn’t occur to try out the plan, then we test it. For example, if a dad is working on his substance abuse issues but has not fully addressed it, a safety plan might say “Dad will call his mother or his sister to come over and watch Tim

if he is going to drink”. Everyone agrees that the social worker can test this at any time. The social worker then calls the sister and asks her to come over, because Dad needs to leave, because he knows he is going to drink. This is only one part of the safety planning process that happens over time. It helps the family understand that they have committed to being a part of the safety network, that the plan works and that if the social worker was no longer involved, the child would be safe within that network.

## Leadership and Staff Culture Shift:

Critical to any change is leadership modeling the cultural shift we are trying to create. We found by asking one question in both the Social Work Leadership Team Meetings and in the Child Welfare Staff Divisional Meetings – we could begin to demonstrate the culture change we wanted to achieve. The question is: “What’s going well?” Not only does it give staff

**CONTINUED** on Page 8



## Lessons Learned in Buncombe County



**Set expectations early** – Buncombe leadership allowed for the SofS model to be implemented organically via champions on the ground and supervisors who were very invested. As a result, there is not consistency in how we use SofS across the Division. The Social Work Leadership Team has recently met to outline the expectations for all staff and this is being presented to them in the next Divisional meeting.

**Supervisors are key** – Supervisory staff must support the philosophy and practice behind this model or despite best efforts of staff, it cannot work. It is critical that supervisors understand the depth of the model, how it impacts safety and how to allow their staff the space within conference and other moments to experience appreciative inquiry themselves.

**Leadership must model** – Be the change you want to create within your organization and expect good results. By implementing the SofS approach, we not only impacted social work practice but enhanced the climate and culture of the organization as well. Simply asking what is going well, is a great way to begin.

**Allow room for mistakes** – Appreciative inquiry is all about taking the time to understand what’s working well and in order to know what does work well, you have to try new things. Child protective services is a profession where the consequences of error are considerable; however, there are opportunities within the SofS approach that allow professional social work staff the room to learn and grow in their practice approach with families.

*The single most important factor in minimizing errors (in child protection practice) is to admit that you may be wrong - Eileen Munro (Munro, 2008, p.125)*

**Get feedback** – Child welfare leaders must solicit feedback from their staff on anything that is implemented, in order to improve it based on their ideas. Our social workers know this business best and we need to rely on them to help us evolve the work – if it works, keep doing it, if it doesn’t work don’t use it. After all, SofS was built by practitioners doing the work.

# Signs of Safety: Enhancing Practice with Families

CONTINUED From Page 7

and supervisors a venue to share with leadership how their work is impacting families, it give peers opportunities to talk about teamwork with a colleague or how their efforts with a family helped to keep a child safe and it reminds us all why we went into this work.

This past October, the Social Work Leadership Team had a retreat and the Social Work Director posed the question to supervisors to ask if they believed SofS made children safer. Supervisors' feedback was overwhelmingly positive and included the following comments.

- Has increased the quality of the work by the social work staff
- Strong communication with family
- Empowers family to be more "self-sufficient" in ownership of keeping children safe
- Strengthens safety plans when utilized
- Strengthens safety network for family
- Moves us from service-driven to behavioral-driven intervention
- Distinguishes between poor judgment vs. safety issues



A 25-year veteran involved in program administration stated, "I thought yes, Signs of Safety has some good 'tools' to help work with families...then one day, I had my 'aha moment'... Signs of Safety...we are looking for Signs of Safety within the families!" She has since led the charge on changing practice within her division.

Buncombe County has implemented two additional practice changes that are beginning to effect outcomes. First, staff use the language and tools from the ABA Judges Guide to Safety, to specifically outline safety concerns related to threats of danger, child vulnerabilities and the parent's protective capacities. Secondly, our work has focused on ensuring that our practice is utilizes evidence-based, trauma-informed therapy to assist our children and families in achieving positive long-term outcomes.

The trauma work also includes addressing secondary or cumulative trauma within our workforce in order to build and maintain a resilient social work staff.

## RESOURCES

### Websites:

[www.buncombecounty.org](http://www.buncombecounty.org)  
[www.signsofsafety.net](http://www.signsofsafety.net)  
[www.connectedfamilies.net](http://www.connectedfamilies.net)  
<http://nrccps.org/special-initiatives/safety-law-guide/>

### Sources:

Turnell, A. (2012). *The Signs of Safety A Comprehensive Briefing Paper*. Perth, AU: Resolutions Consultancy. Available at: <http://www.signsofsafety.net/briefing-paper>

Turnell, A & Edwards, S (1999). *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*. New York, NY: W.W. Norton & Company.

Cooperrider, D. & Srivastva, S. (1987). Appreciative Inquiry in Organizational Life. *Research in Organizational Change and Development*, 1, 129-169.

Munro, Eileen. (2008). *Effective child protection (2<sup>nd</sup> Edition)*. London, UK: Sage.

## FOR FURTHER INFO

\* Angela Pittman, MSW  
 (828) 250-5749 or [Angie.Pittman@buncombecounty.org](mailto:Angie.Pittman@buncombecounty.org)



# ***CNA Training Program Benefits Both Individuals and Communities***



The CNA program has another unique collaboration. To ensure the participants' success, the health services Business Advisory Council (BAC) was created to match trainees with clinical worksites and long-term employment. The Council is composed of 12 people, including directors and administrators of long-term care facilities in Colorado Springs, a physician, a business specialist at the Pikes Peak Workforce Center as well as Discover Goodwill staff. In addition to agreeing to hire trainees upon certification, members of the BAC promote the CNA program in the community, provide professional input and guidance with the curriculum design, review marketing materials, conduct mock interviews and workshops, write letters of recommendation and mentor trainees.



This mentorship continues after the trainee has received certification, encouraging the new CNA to move along the health career pathway through employer-sponsored or external training programs. "The CNA program is a win-win for its students and the community," said Denise Krug, Vice President of Workforce Development and Community Programs at Discover Goodwill. "It opens the door to personal and economic independence by providing a clear path off welfare and onto a rewarding career in health care. As the program graduates more CNAs over time, it will also help ensure that patients in medical facilities in southern and western Colorado get the high level of care they need and deserve."

Although the program is still in its infancy, success stories of past participants have already surfaced. Two graduates of the CNA program have been selected for Discover Goodwill's "Independence Award," which recognizes one individual each year who has overcome hardships and achieved her highest level of independence. These women have moved off government assistance into permanent, full-time employment.

Both single mothers, they are setting an example for their children and serving as role models for other individuals facing significant challenges. Ashley Arellanes, Discover Goodwill's 2012 Independence Award Honoree, is a shining example of a life changed through the collaborative CNA program.

---

**"I never thought I would come so far  
and accomplish so much."**

**— Ashley Arellanes  
2012 Independence Award Honoree**

---

After leaving an unhealthy relationship, Ashley and her daughter were homeless, penniless and without transportation. Ashley was referred to Discover Goodwill's Career Development Center after seeking assistance with EPCDHS. She was selected to participate in the CNA program, but doubted her ability to succeed as she lacked a high school diploma, formal job experience and a driver's license. Both EPCDHS and Discover Goodwill encouraged Ashley in her pursuit to become independent and employed.

Ashley dedicated herself to the classroom, clinical training and final exams. After completing her coursework, she took the state qualifying test. Nervous but determined, she passed the written portion but needed to retake the skilled section. Driven by a new-found confidence, soon Ashley passed both portions and received her CNA certification.

Discover Goodwill helped Ashley find permanent employment at a retirement facility where she is able to put her newly acquired skills to work. She is proud to be a health care professional and can now provide for her daughter, while serving as a role model for others facing significant challenges. She recently paid off her car and moved into her own residence.

Ashley said, "I never imagined I would come so far and accomplish so much."

## **FOR FURTHER INFO**

**\* Denise Krug**

Vice President, Discover Goodwill

(719) 785-9226 or [dkrug@goodwill-colosprings.org](mailto:dkrug@goodwill-colosprings.org)

# California Project Focuses on Customer Service, Culture Change in 58 Counties

★ BY SARAH JIMENEZ

Communications and Outreach Coordinator  
County Welfare Directors Association of California

*Amazing.  
Extremely friendly.  
Willing to assist.  
Excellent customer service.  
Great managers who are doing something right.*

These are the words frequently being used these days to describe the staff across California's 58 county human service agencies who are enrolling tens of thousands of people into both new and expanded health care programs under the Affordable Care Act, as well as existing health care programs.

Not often the ones to be in the spotlight, thousands of experienced and trained county eligibility workers are successfully assisting and enrolling Californians with eligibility and enrollment for both Medi-Cal and subsidized health insurance offered through California's health insurance exchange, known as Covered California. At the same time, county workers continue to assist low-income children and families for other human service programs such as CalFresh (SNAP) and CalWORKS (TANF).

Over the last three years, county human service agencies have worked diligently to use health care reform and this monumental shift in social and health policy to look at how they serve clients and administer programs, and embark on a culture change that extends from front line workers to management to executive leadership.

Under the leadership of the County Welfare Directors Association of California (CWDA), counties have collaborated on an initiative called the Customer Service and Culture Change Best Practices Project, with two key goals: provide first class customer service to individuals seeking help under the Affordable Care Act and enhance local agency culture to effectively promote health care coverage and access to vital human services for all eligible persons.

"Helping families and individuals improve their well-being and self sufficiency is our core mission as county human service agencies, and we recognize the Affordable Care Act is a tremendous opportunity to truly change people's lives – it already has," said Frank Mecca, CWDA Executive Director. "At the same time, it's been a chance to tackle misperceptions about our offices, staff, programs and clients, and show that we are a critical path on the ground to bring expanded health care into our communities – and that we can do it efficiently and effectively."

Jo Weber, a former county human service agency director in Sonoma and Riverside counties (and former NACHSA President), was brought on by CWDA to lead the initiative.

"Because the vast majority of staff in county human service agencies entered this field with a passion to serve, they have enthusiastically embraced the opportunity to enhance their services in many creative ways," Weber said.

---

**"Helping families and individuals improve their well-being and self-sufficiency is our core mission as county human services agencies. The Affordable Care Act is a tremendous opportunity to truly change people's lives."**

**-- Frank Mecca, Executive Director  
County Welfare Directors Association of CA**

---

Project work began with the development of a baseline, identifying those features that currently shape a client's experience with local human services programs, and defining excellent customer service

practice. The team also looked at customer service delivery in the public and private sectors within California and in other states. Case studies were conducted of successful culture change in government agencies, and they looked at current research on organizational culture change.

A basic framework was then developed that county human services agencies used to prepare individualized action plans. From that, counties began using customer service benchmarks in surveying the overall satisfaction of consumers, developed standards of customer service for staff evaluations, and created an enthusiastic atmosphere around helping clients within their offices, Weber said.

As the programs they run move away from a rules-based culture, county staff are now encouraged to put themselves in the shoes of their clients through role playing, writing and thoughtfulness. Changes have been made to many of the core questions used to serve a client – from yes/no questions, such as “Are you eligible?” to exploratory questions, such as “For what are you eligible?”

“I often hear stories of consumers who felt defeated and apprehensive upon entering human services offices, only to come out feeling relieved and optimistic at the possibilities that now exist for them,” said Weber.

While health care reform implementation certainly has come with its share of challenges, the tremendous collaboration among counties and renewed efforts on pooling of resources has eased the trials, said Nancy Swanson, Director of San Bernardino County’s Transitional Assistance Department.

“The implementation of health care reform and culture change initiatives by counties have been overwhelmingly successful. The unprecedented collaboration between counties and CWDA in hosting seminars, webinars, and developing materials has not only provided all of us great information to better serving our clients, but it also has provided forums for information and idea sharing among counties,” Swanson said.

San Bernardino County started its culture change initiative with the tagline, “Health Care Ready” and introduced READY customer service, representing themes of



San Bernardino’s tagline, “Health Care Ready,” allowed the county to develop activities and training for its staff and public



**Placer County eligibility staff demonstrate a lobby kiosk that allows customers to conduct activities online with staff support**

responsiveness, efficiency, accuracy, dedication and “You Make the Difference.” A management commitment document was signed by each member of the management team. Every staff member went through customer service training. “I’m READY” banners were distributed to each office, and staff members were given the opportunity to sign the banner and make their own commitment to the initiative.

Despite both expected and unexpected glitches that have occurred during health care reform implementation, staff continue to volunteer for extended hours and embrace the work as a means of providing better service -- and, ultimately, needed health coverage -- for the individuals and families of San Bernardino County, Swanson said.

“Our staff have embraced the challenges we’ve faced and continue to be eager to assist consumers. Staff are excited to be able to assist *all* customers, and they are embracing the READY customer service ideals and have a positive outlook on the future,” Swanson said.

For many counties, culture change initiatives started prior to implementation of the Affordable Care Act. Threats to privatize human services and intense scrutiny on the cost of

**CONTINUED** on Page 12



# California: Embracing Culture Change While Implementing Health Reform



Redesigned lobbies in Placer County provide a more welcoming atmosphere and computers for walk-in customers

government workers under previous governors led Placer County to make some changes to demonstrate its workforce was of the highest quality, most efficient and most cost effective in providing human services to residents. Management and staff thought about features and options they like when they enter a place of business as a customer, and they developed a customer service mission statement in 2010.

---

**“County human services directors are excited about expanding their efforts and permeating all of their programs with this culture of service.”**

**- Jo Weber, Project Leader**

---

Along with the mission statement, Placer County moved to a service center model and replicated many private sector customer service-approaches, including having a lobby greeter, check-in kiosk to route clients quickly, quick in/out service for information drop off, phones and computers in lobby areas for clients who didn't require face-to-face assistance, and online applications, said Cheryl Davis, Director of Human Services for Placer County Health and Human Services.

The county conducted customer satisfaction surveys before and after the changes and saw its overall satisfaction rating go from 86% to 96%. Davis said clients have “overwhelmed us with thank yous.” Management and staff talk about “outcomes, not outputs,” she said.

“What we do is help job seekers back on their feet, families keep a roof over their heads, parents feed their children and those who are sick get access to health care,” said Davis. “I tell my staff all the time - when you go home tonight and sit down to dinner with families and friends, smile to yourself that you made a difference today because somewhere in Placer County, there is a parent sitting down to dinner at the same time who can put a good meal on the table, or a customer with breast cancer who is relieved she can get treatment.”

Weber said while health care reform implementation and the



Placer County created a call center to provide phone service to customers who do not need to, or want to, come to the office

culture change initiative have required considerable investments of time and energy, the payoff is clear.

“County human services directors are excited about expanding their efforts, and permeating all of their programs with this culture of service, bringing a new sense of purpose and satisfaction to the work of eligibility and social workers agency wide,” she said.

# Storybanking helps counties share customers' experiences



Along with the opportunity for a culture change, implementation of the Affordable Care Act in California also has brought county human service agencies a chance to use the power of storytelling to not just tell but show the public, County Boards of Supervisors, State Legislature and staff, and community partners they have a renewed outlook on serving new and existing customers.

With that in mind, CWDA launched a storybanking effort in October 2013 to collect the day-to-day experiences of staff helping people enroll into Medi-Cal (California's version of the Medicaid program) and subsidized health insurance, as well as other human service programs.

Story submission guidelines are simple – explain a good client experience to someone who has asked about your work day.

Often one story has many stories within it – staff enthusiasm for successful enrollment; clients' relief to have health care and other assistance; and counties' successful integration of first-class customer service techniques.

Here are some samples:

*A gentleman with agoraphobia [anxiety disorder] contacted the Ventura County Human Services Agency telecenter and explained that he could not visit an office to inquire about healthcare. He told the county eligibility worker that he experiences anxiety even speaking to people on the phone. He had started a Medi-Cal application online, but got stuck and needed help.*

*The eligibility worker talked the man through the application while he completed it himself online. As the worker put him at ease, the man became more and more confident in his ability to complete the application. The man was able to successfully submit his application and was very happy with the outcome.*

*This is just one example of how our workers and telecenter are reaching clients, and changing lives.*

*A customer had come in to the San Bernardino County Human Services office to apply for health care coverage. After speaking with a county worker, she was determined eligible for Medi-Cal now [before January 1]. The client began to cry and told the county eligibility worker that she had been in need of health care coverage for some time and had a lot of prescriptions she was purchasing on her own. She said this would allow her to have more money for other needed items.*

*Our workers' knowledge and using the tools we've developed to help identify her as a "now" path [meaning eligible for pre-ACA Medi-Cal] has been so beneficial so we can provide health care coverage prior to January 2014.*

-----  
*From a Solano County eligibility worker:*

*I am so excited! I have been helping this client since 10/18/13 and I was finally able to get her enrolled into a plan including receipt of a congratulations confirmation that I was able to print! I also was able to view the enrollment summary which identifies the carrier, when she can expect to receive details about the insurance coverage, billing information the amount of initial premium and due date and what to do if they don't receive the information. I can't wait to call the client to let her know.*

*I have spoken with her or left her message daily. Thanked her for being patient. She has been very understanding and was grateful that she received call backs for status.*

CWDA continues to collect stories from individual counties and, based on positive feedback from policy makers and staff, the association is exploring the use of this type of effort in other policy areas, as well.

## FOR FURTHER INFO

★ Sarah Jimenez  
Communications and Outreach Coordinator  
County Welfare Directors Association of California  
(916) 443-1649 or [sjimenez@cwda.org](mailto:sjimenez@cwda.org)

# Technology in Social Work Boosts Productivity and Worker Morale

★ **BY RICH BOWLEN**  
Director Protective Services  
Northwoods

Drowning in paperwork, the Fairfield County Child and Adult Protective Services (CPS) in Lancaster, Ohio worked to create a truly mobile social worker. That move is saving up to two days per week per social worker, empowering workers to create stronger relationships with families and achieve better outcomes.

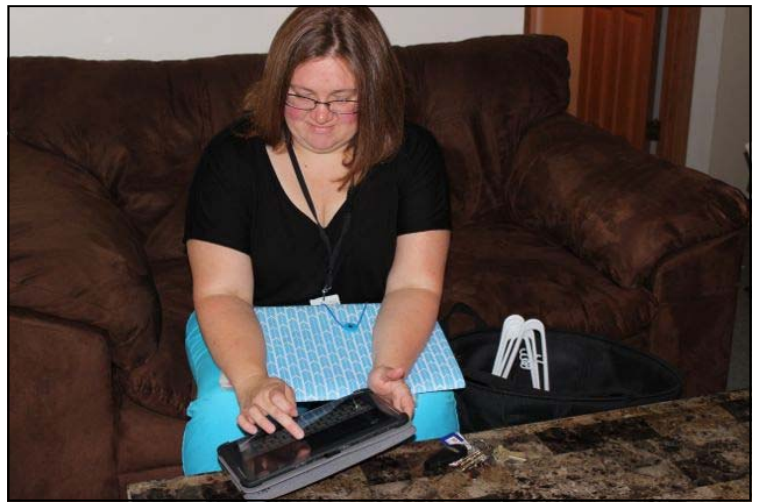
Before creating the technology tool, Fairfield County CPS was facing challenges that protective services agencies across the country face every day: too much paper, a highly stressful work environment, and administrative burdens that forced social workers to divide their time between completing mandated documentation and spending quality time with families.



The agency initially needed to find a solution to a big challenge - filing and storage for thousands and thousands of case files. Not only was the agency running out of room to store case files, the paper-based system was causing delays for both social workers and clerical staff.

Additionally, their social workers in the field had no easy way to add new information or documentation into a

Fairfield County CPS was most concerned about its mission to ensure safety because family interaction was suffering too. Social workers had no choice but to focus on writing down every detail of a visit to get as accurate as possible case notes, which compromised their ability to make eye contact and establish a rapport with the frightened children in a new foster home or the mom who was working hard to be reunified with her kids.



A Fairfield County CPS Social Worker uses the Northwoods CoPilot system while in the field at a client's home.

## **Increased Productivity and Time Savings**

In August 2012, Fairfield County CPS became the first agency in Ohio to implement Northwoods' Compass CoPilot®. The changes in operational productivity, family interaction, and worker morale have been monumental.

The most obvious benefit for Fairfield County CPS has been how Compass Pilot® in the office and Compass CoPilot in the field work hand in hand to change how the agency operates.

"From a business standpoint, it has absolutely transformed every position here. Even from our receptionist to our director," said Heather O'Keefe, Director of Operations.

When a new document comes into the agency, such as drug screening results, the receptionist scans it right away and

---

**"We're excited about creating a social worker that's virtually in the field all the time serving families instead of sitting behind a desk completing paperwork."**

**- Heather O'Keefe, Director Of Operations  
Fairfield County, OH**

---

case file. Workers were routinely collecting release forms, updates to client information or case notes. They couldn't document their day until they got back to the office, adding hours of work and frustration for social workers.



indexes it to the client. Workers throughout the agency and supervisors have immediate electronic access to the document as part of the electronic case file. Field workers can load the document onto their tablet and have it available for home visits rather than hauling around a bunch of paper.

"We've had staff say 'it saves me anything from an hour a day to two days a week,'" O'Keefe said. "Clients will often provide documentation that we need for the case file. Without the tablet we would be required to take that item, bring it back to the office, make a copy, place it in the file. From using the CoPilot software, we can capture that with a picture and when workers come back and sync, it's already in the case file. We didn't have to make that trip back and forth."

A recent time study by Colburn and Associates compared time spent at Fairfield County CPS on certain activities before and after implementing tablets in the field. The pre-tablet studies indicated that for every hour a social worker spent with a client, he or she needed to spend 2.38 hours on documentation. After implementing the tablets in the field, for every hour a social worker spent with a client, he or she only spent 1.33 hours on documentation.

Utilizing Northwoods' mobile productivity solution also allows social workers to make use of what used to be wasted time waiting at court for hearings or sitting in cars after transporting clients. Now they can use that time to dictate case notes, check the Statewide Automated Child Welfare Information System (SACWIS) or schedule new meetings.

"When I'm at Family Court, I usually have a lot of time just waiting so I'm able to use Compass CoPilot at court the most. There have been times where I'm able to get an hour or two of work completed while there," said Stacey Bergstrom, Ongoing Unit Social Worker.

### **Better Family Interactions and Outcomes**

What are social workers doing with all this time saved? They are increasing their face-to-face time with children and families. They also have more time to provide transportation where they can interact more and build more trust. The ability to create these relationships ultimately leads to better outcomes for families.

Fairfield County CPS has put the "social" back in social work by automating data collection and letting social workers focus on their families.

"We're excited about creating a social worker that's virtually in the field all the time serving families instead of sitting behind a desk completing paperwork," O'Keefe said.



Jackie Davis, a Social Worker for Fairfield County, says CoPilot helps her focus during in-home visitation with foster children.

For social worker Jackie Davis, the recording function is strengthening her relationships, but also saving her time. "Now when I got in the home, I can just focus on what the parents are saying. I record everything through CoPilot. I'm really making eye contact, focusing on them, not worried about having my head down writing what they are saying. It takes less than 10 minutes, where it used to take an hour or more with all the forms."

### **Improved Worker Morale**

Fairfield County CPS has found that utilizing technology to ease the administrative burden on workers is helping them feel less stressed, more organized and find a sense of accomplishment at the end of the day. "It cuts down over 80% of your time doing paperwork in front of the family while you're in the field. And that's what you want. You have time to do your work and not feel stressed and not get behind. It changed my life," said Davis.

### **Conclusion**

Fairfield County CPS' decision to implement Compass Pilot and Compass CoPilot has dramatically improved operations throughout the agency, enabled stronger interactions with families, and eliminated burdens so workers are less stressed and come to work feeling ready to do what they do best: protect children.

### **FOR FURTHER INFO**

★ **Rich Bowlen**

Director, Protective Services, Northwoods

(614) 707-5112 or [rbowlen@teamnorthwoods.com](mailto:rbowlen@teamnorthwoods.com)

# Sonoma County's READY: Closing the Achievement Gap with an "ECE Through 3" Approach

★ BY JERRY DUNN

Director

Sonoma County Human Services Department

In Sonoma County, California white third-graders are more than twice as likely to score proficient or above on English Language Arts standardized tests than their Hispanic/Latino peers. Similar differences in academic test scores are apparent when sorted by parent income and parent education levels.

These achievement gaps remain steady or increase as children age and move through the education system. Children in families with low incomes may also have to deal with additional stressors that disrupt their potential for success, including food and housing insecurity.

Evidence shows that the benefits of quality early childhood education extend far beyond test scores. For these children, receiving quality early education may mean the difference between a life of struggles including crime, poverty and low educational attainment, and a life filled with higher earnings, employment and opportunities.

Confirming what many early childhood educators and professionals have been saying for years, President Obama's Preschool for All initiative affirms that children who are provided a strong start with high quality early learning experiences will be better prepared for kindergarten, and more likely to read above the proficient level by third grade. This makes them more likely to graduate high school and lead longer, healthier lives. Increasing evidence suggests that to sustain the positive effect of quality early learning, early childhood education and elementary schools must work together to create supportive environments and smooth transitions for children. In Sonoma County, the Road to the Early Achievement and Development of Youth (READY) program is setting out to do just that.

READY is a unique cross-sector partnership guided by the

vision of local collective impact initiatives, and led by the county's Health and Human Services Departments together with child-focused community organizations and local resource and referral agencies. These groups are joining forces to make closing the achievement gap a reality. Built on

the evidence that prevention-focused policies and interventions have long-term positive impacts, READY garners local support for increasing the quality of early childhood education and facilitating the transition of young learners from early childhood education to kindergarten. READY intends to create alignment both among and across educational systems to ensure that children have high quality early learning experiences that continue through elementary school and beyond. This collaboration encompasses high quality instruction, alignment of curricula, data-driven improvement, and cross-sector leadership.

Although in its infancy, READY is poised to deliver long-term results. READY has targeted five communities throughout Sonoma County to pilot this project, selecting schools where students are facing

significant barriers to long-term success: those with high English Learner populations, low third-grade reading scores, and high percentages of participants in free and reduced-cost lunch programs. READY employs three strategies that seek to improve the quality of early childhood education services, increase school readiness, encourage parental engagement, and bridge communication between early childhood and early elementary educators.

The first strategy aims to increase the quality of early childhood education and ensure that all children receive what they need to develop to their full academic and social



***School readiness extends beyond the readiness of children to learn, encompassing the capacity of families to nurture children, the ability of schools to meet the needs of all children and families (particularly those who are vulnerable or isolated), the quality of early environments, and the assets of the community.***

potentials. Partners at local resource and referral agencies will coach and mentor early childhood educators using a strengths-based approach, grounded in equity. The goal of the coaching is to build the capacity the educators bring to the work. Coaches will use the model of the National Equity Project, which provides a lens for examining inequity along with tools for interrupting practices that contribute to the problem.

Early childhood educators will receive a free, independent and reliable Classroom Assessment Scoring System (CLASS) and Environment Rating Scale (ERS) assessment to measure program quality. Results of these assessments will guide the development of quality improvement plans, as well as the content and frequency of coaching programs.

Secondly, READY will engage kindergarten and transitional kindergarten teachers at participating elementary schools in using a standard kindergarten readiness assessment, the Desired Results Developmental Profile – School Readiness (DRDP-SR). The DRDP-SR is an observational assessment developed by the California Department of Education, in partnership with WestEd Center for Child and Family Studies and the University of California, Berkeley, Evaluation and Assessment Research (BEAR), and endorsed by State Superintendent Tom Torlakson. Grounded in current research and best practices, the DRDP-SR uses a developmental continuum to measure a child's kindergarten readiness in five key areas: English language development, self and social development, self-regulation, language and literacy development, and mathematical development.

Kindergarten and transitional kindergarten teachers observe children during routine classroom activities and record information on each student using the DRDP-SR during the first few months of school. This tool allows teachers to gather, record, reflect on, and evaluate each child's learning and development related to the five developmental domains. Not only does the DRDP-SR align the California Preschool

Learning Foundations, but it also aligns to Common Core State Standards, laying the groundwork for early childhood education through third grade alignment.



Finally, READY will bring together leaders from early childhood and early elementary education, parents, educators, and local community-based organizations to foster place-based partnerships, called READY Teams. READY Teams will be charged with creating action plans that address needs specific to each community and further collaboration between early childhood education and kindergarten. Each READY Team's action plan will focus on three areas: 1) early childhood education and K-12 alignment; 2) data-driven decision making; and, 3) family engagement. Each READY Team will create a vision for school readiness, conduct an inventory of assets, resources and needs, and use data-driven measures of progress to identify and meet current needs.

School readiness extends beyond the readiness of children to learn, encompassing the capacity of families to nurture children, the ability of schools to meet the needs of all children and families (particularly those who are vulnerable or isolated), the quality of early environments, and the assets of the community. Through READY's efforts, Sonoma County is introducing a more holistic framing of school readiness, creating an environment that fosters mutual respect and ongoing communication between early childhood and elementary school educators, leading to more family engagement and better outcomes for children. Under READY's guidance, Sonoma County is coming together to create the kind of change that impacts lifelong trajectories and generations to come.

#### FOR FURTHER INFO

★Megan Sirna  
READY Project Coordinator  
Sonoma County, CA  
(707) 565-5836 or [msirna@schsd.org](mailto:msirna@schsd.org)



## Hennepin County, MN:

# Working Smarter for Better Lives, Stronger Communities

★ BY REX HOLZEMER

Assistant County Administrator for Human Services  
Hennepin County, MN

A few months ago, a family came into a large, three-story brick building in Brooklyn Center, Minnesota, to enroll in school. The Northwest Family Service Center is the first Hennepin County human services “hub” that combines public services – in this case, the Osseo Public Schools and Hennepin County Human Services and Public Health Department – with community-based services, such as the nonprofit Community Emergency Assistance Programs (CEAP).

School staff noted the family seemed anxious and distressed, so they recommended that the family talk to the human service staff right down the hall. We sat down with them and quickly realized that our public programs could only do so much – so we called CEAP who sent over a staff person. We huddled with the family and figured out how to help with their crisis. The family was no longer frozen in fear. They had a plan and resources. And we averted a more costly crisis of a family needing emergency shelter.

I have been in social services for more than 35 years, and this is an example of what works. Government cannot do this work alone. We need partners, and they need us.

In Minnesota, where counties deliver human services, Hennepin County Human Services and Public Health Department has a large footprint: Our county has a quarter of the state’s population and a third of its jobs. We’re lucky in that we are large enough to do things differently. And we’re challenged because we see the full breadth and depth of challenges that come in our line of work.

About eight years ago, we decided – with County Board approval – to try a new path of helping clients. It’s a multi-pronged approach that we’re implementing to:

- \* decentralize our offices, moving staff and services to regional, community-based hubs; and
- \* emphasize a new way of delivering services that includes partner services and integration of services for complex clients.

**Regional, community-based offices** give us two critical benefits – we’re simply easier to get to, so people hopefully do not wait until they are in crisis before they come to us. Second, we can partner on-site and nearby with local

agencies and faith communities and leverage each other’s strengths. We can enroll a family in SNAP and direct them to the local food shelf to pick up supplies today. We even go the extra step and call the food shelf, letting them know the family is coming.

Our **new client delivery system** starts with a “broader needs assessment,” a tool we developed that helps families better tell us about their situation. For example, a woman may come into our office, saying she needs help with food. By filling out the BNA, however, we also learn that she recently lost her job after getting too many calls from school about her autistic child. She moved into her father’s home in order to save money and help him with rent, since both are struggling to make ends meet. We also learn that her dad is a Vietnam veteran. Just having a few of these facts helps us open other doors – from Developmental Disabilities services for her child to VA benefits for her father. Plus, we’re able to identify community resources, from respite care for caregivers to a clothing closet for women who are job seeking.

**Service integration** is the next piece of our new client service system. Anyone who works in human services knows that we have clients with complex needs who typically interact with several case managers, including some with local agencies, and who end up with a mishmash of case plans to follow. Service integration pulls together all the experts who touch each complex case. They are asked to meet, review their files about the client and jointly create one simple, short case plan. In addition, they must create a service summary for the client: including their case managers, a list of resources that can help, dates when they need to come back in, and upcoming appointments.

We make it easier for the client to follow through and be more successful.

Yes, service integration takes more staff time and energy. With growing case loads, our staff are stretched for time at work, so it is challenging to even get them together. But staff who have gone through the experience of integrating a plan say they often have an epiphany moment – this is what social services should be doing. If we want the client to build a better life, our work must be centered on the client’s needs and situation.

*CONTINUED on Back Page*

# Wilson County Places Customers First

★ BY GLENN OSBORNE

Director, Department of Social Services  
Wilson County, NC

Change is constant in human services. In Wilson County, North Carolina, that is about to take on a whole new meaning. Wilson is one of one hundred counties in the state that is implementing Work Support Strategies and converting from a legacy computer system to an updated streamlined system called NC FAST.

Despite the current changes and the ones to come, one thing has remained a constant focus – Customer Service. “We started out with the mindset that people matter,” said Glenn Osborne, director. “All ideas and strategies have been built around that.”

## **Focus: Customers’ Needs**

Keeping in-line with the customer’s needs, Wilson County decided that a main goal would be that no customers are shifted around from program-to-program. To allow this to work, the agency now has Customer Care Specialists that have no caseloads to assist with all program applications. The Customer Care Specialist’s number one goal is customer care. They answer questions; they can assist with resources or check the status of a case. “The specialists take as much time as needed to care for the customer,” said Carolyn McDuffie, Family and Children’s Medicaid team leader.

---

**“I cannot imagine doing things the old way with our current volume.”**

**- Carolyn McDuffie, Team Leader  
Family and Children’s Medicaid**

---

Another priority for customers was quick access. The agency has implemented an Express Application Center, the first in North Carolina. The center has 15 stations with an interactive computer menu that allows customers to complete their own applications across programs without waiting for a worker. For customers who are not computer-savvy, Customer Care Specialists are there to assist and help out with any questions.

## **Quality Case Management**

While the agency has retooled their ideas for customer focus and the logistics of customers completing

automated applications, caseworkers are adjusting to focusing on improving their case management. “Workers were handling applications, phone calls, emails and interruptions, and now there is a renewed focus on case accuracy, resources and looking at each family’s well being,” said Osborne.

In addition, the agency’s enhanced customer service has come at a critical time as the agency is converting cases into a new automated system. “This has been hard for our staff; however the changes we have made have come at the right time. Workers are learning a new system and making sure those cases are accurate and that benefits continue for our families,” said Osborne.

“I cannot imagine doing things the old way with our current volume,” said McDuffie. “If we did not have the Express Center or the Customer Care Specialists, I don’t know what we would do.”

## **A New Era of Service**

The agency is not stopping its efforts to bring about a new era of customer service in Wilson County. “We have six customer-focused goals moving forward,” said Osborne. The goals are:

- World Class Customer Service
- The Customer tells their story one time to receive the services they need.
- The Customer can apply for multiple programs at once.
- Customers will not be shifted. One person takes care of it.
- Workers will focus on quality case processing and quality case management.
- The Family’s experience will be quick, seamless and friendly.

“We feel that if we accomplish these goals and stay focused moving forward, then we will do right by our citizens,” said Osborne. “Again, people matter and we think these initiatives put that into action.”

## **FOR FURTHER INFO**

★ Glenn Osborne

Director, Department of Social Services, Wilson County  
(252) 206-4218 or gosborne@wilson-co.com

# *Making a Difference in Hennepin County, MN*

CONTINUED From Page 18

Now, I have to admit, undertaking all these massive changes at a time when most of our systems are changing has been stressful and emotional for many staff. We've got growing caseloads, shrinking budgets, and a constant churn of change.

But those of us in human services tend to have one important thing in common: We want to help people. We really want to reach our vision of Better Lives, Stronger Communities.

By stressing our shared values, we maintain motivation and keep moving ahead. It isn't easy. This work never is. But we are making a difference.

## FOR FURTHER INFO

*Rex Holzemer began working with Hennepin County as a social worker in 1977. He became the Assistant Hennepin County Administrator for Human Services in January 2013. If you'd like a copy of our "New Direction: Delivering Services in the 21<sup>st</sup> Century" or "HSPHD's Strategic Focus," please email him at [Rex.Holzemer@Hennepin.us](mailto:Rex.Holzemer@Hennepin.us).*

# *Happy New Year!*

## *2014 NACHSA dues are due.*

*Don't Delay - [click here](#)  
to get the form to pay!*

## *Our Mission*

To promote and strengthen networks of county and community human services that protect children, families and elderly, and that support self-sufficiency of disadvantaged populations. And, to participate in formulating and advocating the human services policies of the National Association of Counties.

The **NACHSA Networker** is published quarterly by the National Association of County Human Services Administrators, an affiliate organization of the National Association of Counties. Submissions are welcome from all members. The **NACHSA Networker** is not responsible for errors in submissions and reserves the right to edit all articles for publication.

Kelly Andrisano, J.D., Editor

Executive Director  
Pennsylvania Association of County Human Services Administrators  
17 North Front Street  
Harrisburg, PA 17011  
(717) 232-7554 x3132  
(717) 232-8390 fax

**NACHSA Networker**

**NACO** National Association of Counties  
*Counties Care for America*