

**MINUTES OF COMMITTEE OF THE BOARD OF COUNTY COMMISSIONERS  
GUILFORD COUNTY HEALTH AND HUMAN SERVICES SUB-COMMITTEE**

September 14, 2015  
Greensboro, North Carolina

The Health & Human Services Sub-Committee appointed by the Board of County Commissioners met on September 14, 2015 at 2:00pm in the J. Harry Weatherly Conference Room, located on the second floor of the Old Guilford County Courthouse, 301 W. Market Street, Greensboro.

**PRESENT:** Commissioner Committee members Vice Chairman Jeff Phillips, Commissioners Justin Conrad, Ray Trapp and J. Carlvena Foster (in at 2:17pm).

**ABSENT:** None.

**ALSO PRESENT:** County Manager, Marty Lawing; Merle Green, DHHS-Public Health Director; Heather Skeens, DHHS-Social Services Director; Gregory Bush, Staff Development, DHHS-Social Services; and Ariane Webb, Deputy Clerk to Board.

County Manager Marty Lawing called the meeting to order at 2:07pm and introduced the topic of strategic goals and recommendations developed by DHHS management and staff. He stated that these goals and recommendations will be presented to the Board of Commissioners during their 9/17/15 work session and to the DHHS Advisory Board during their 9/23/15 meeting.

Lawing discussed the recommendation tier system for each strategic goal, explaining that Tier 1 recommendations are easy to accomplish and may already be in progress within the agency, while Tier 2 recommendations require more effort and coordination. He noted that Tier 3 goals are either extremely difficult or nearly impossible to accomplish, and may not be feasible for the agency.

Heather Skeens, DHHS-Social Services Director reviewed Strategic Goal 1 and its associated Tier 1/Recommendation 1. She noted that customer navigator stations were an easy add-on to the existing customer service center, and would be an extension of the agency's "popcorn bag" concept, where groupings of information are provided to the agency upon a customer's initial visit.

Commissioner Trapp questioned if she had explored the kiosk option.

Skeens stated that a two-part kiosk process had been discussed with staff, where applications would be handled in a specified location in a separate area from reception, where kiosks could be located to provide general information or customers could perform general agency tasks.

Merle Green, DHHS-Public Health Director, noted that resources and personnel are available to man these stations, and they do not anticipate hiring additional staff.

Skeens reviewed the proposed kiosk concept in detail.

Commissioner Trapp spoke to the benefits of kiosks and anticipated they would save time for customers and staff.

Skeens discussed existing and potential kiosk set-up options as self-service centers.

Lawing questioned the implementation time frame for the kiosk concept.

Skeens noted need to allocate space, time to set-up kiosk stations and to develop procedures for implementation.

The committee discussed potential set-up options for an applications kiosk system.

Green reviewed Recommendation 2 and discussed developing a centralized call center for Public Health and DSS.

Skeens explained the theory behind the centralized call center concept.

Green reviewed the need to have a centralized call center that encompasses Public Health and DSS.

Skeen noted the need to transition to a true call center system versus a customer care center (CSC). She referenced current statistics showing that CSC staff were only able to answer 50% of calls to DSS, and discussed a potential plan where customer calls would be answered by the call center and messages placed in a queue for caseworkers to respond to the customer.

Green stated there is a fine line between collecting or providing sufficient information and transitioning to the next call timely in order to avoid hang-ups.

Commissioner Foster questioned the current call response time for caseworkers.

Skeens discussed the need for a 48 hour response time given the volume of work caseworkers must complete. She reviewed change reporting requirements for customers and timeframes provided to the respond to those reported changes.

Lawing questioned if there was any way to track caseworker returned calls.

Skeens noted that there is no formal way to electronically track returned calls, but stated that caseworkers who fail to return calls normally have higher rates of customer complaints; customers repeatedly contact management or higher levels of administration, and normally have other areas of poor performance.

Skeens reviewed Recommendation 3 and discussed the employee orientation recently completed by Gregory Bush, Staff Development.

Green reviewed Recommendation 5 and discussed collaborative efforts between Food & Nutrition Services (FNS) staff and the Public Health Mobile Market; and FNS and the Women's, Infants and Children's (WIC) program. She stated that divisions with common themes are working together to identify overlapping services and how to share the work between Public Health and DSS.

Lawing noted the recent conversation between Public Health and DSS staff on how to increase EBT use at the mobile market; stating only 15% of consumers use EBT funds to purchase fruits and vegetables.

Skeens reviewed Recommendation 6 and discussed the joint leadership meetings between Public Health and DSS, but commented that data sharing is difficult due to use of different systems between the agencies. She noted that they compensated for this through information sharing between staff working in comparable programs.

Commissioner Conrad left the meeting at 2:34PM.

Green briefly reviewed additional departmental collaborations.

Vice Chairman Phillips requested clarification on the collaborations.

Green discussed an example of sharing income verifications between departments, and discussed the Public Health's difficulty in pulling data when evaluating customer eligibility for their programs.

Skeens and Green reviewed state and federal barriers that complicated Public Health's ability to verify income for customers.

Commissioner Conrad returned to the meeting at 2:37PM.

Skeens further discussed federal restrictions to verifying income for potential customers.

Lawing questioned what, if any, data could be shared between the agencies.

Skeens stated that staff work together through information sharing and utilize a referral process to coordinate services for customers.

Green reviewed Recommendation 7 as it relates to adults eligible for in-home and wrap-around services through the Community Alternatives Program (CAP), which could significantly reduce the rate of hospital readmissions.

Skeens stated staff are reviewing overlapping programs and discussing how to streamline services.

Vice Chairman Phillips questioned what recommendations within Tier 1 require the most work.

Skeens stated Recommendation 2 required the most work to avoid “churn”, or customers repeatedly returning to the agency to apply for similar or the same programs. She suggested the agency could achieve its goals by enhancing customer services from the initial application and moving forward. Skeens noted that this task will involve staff transitioning to holistic and quality interactions with customers.

Vice Chairman Phillips questioned what was required to improve the customer experience immediately, specifically the front-end experience. He requested the department develop a game plan with specific goals to accomplish this recommendation.

Green stated that they must identify ways to target each customer through follow-ups and ongoing navigation of services. She noted that they are working to ensure a balance between hands-on monitoring and front-end navigation.

Commissioner Trapp opined on the benefits of kiosk systems as ideal tools for navigation.

Skeens spoke to the benefits of customer self-service options, which could benefit the production processes currently in place.

Vice Chairman Phillips expressed interest in learning more about the production processes and enhancing customer service. He noted that the department must have good training in order to improve these processes.

Commissioner Foster echoed Phillips interest and stated that employee mindsets must be changed and inconsistencies in the system must be addressed. She provided an example of the frustrations attached to poor customer service and noted that the quality of staff interactions with customers is the key to accomplishing goals.

Skeens commented that the Board has proven that quality is a primary focus through its funding of Quality Assurance positions within DSS. She stated that the agency’s focus is transitioning from managing backlogs of cases to improving quality, and noted that emphasis has been placed on improving the 50% call answer statistic.

Green stated community agencies are under pressure to achieve comparable quality service requirements. She provided an example where the Guilford Community Care Network (GCCN) chose to remove barriers to eligibility by reducing the amount of paperwork required to verify income limits for its “orange card” application.

Lawing questioned if any other counties have Customer Service Centers with better call answer rates.

Skeens discussed Guilford County’s CSC was developed in response to the crises associated with the implementation of the NCFAST eligibility determination system. She provided

examples of call centers created in Orange and Cumberland counties. Skeens stated that she is unsure if there are any existing call centers using the CSC model in the state and noted that most counties have transitioned to the traditional call center model.

Commissioner Trapp questioned why staff with advanced degrees were answering phones.

Skeens explained that the call center is a technician function, however there is no job title fitting this role within Guilford County, therefore the CSC was staffed with eligibility caseworkers.

Gregory Bush, Staff Development-DSS, discussed how the agency was working with IS to develop options for customers to report changes electronically, which would decrease the need to utilize the call center to report all changes.

Vice Chairman Phillips questioned if staff had researched and implemented call center best practices used within the private sector.

Skeens spoke to the benefits of having a departmental IS team led by a manager with private sector experience who could give suggestions and implement changes.

Commissioner Conrad suggested researching local businesses with a history of good call center service such as, High Point University or Guilford Merchants Association (GMA).

Commissioner Foster questioned if the call center staff work from a script.

Bush stated they have a script and standard operating procedure, but noted that the current challenge is narrowing down the functions of the call center.

Commissioner Foster provided an example of needing to order a lost EBT card and asked if there was a script available for this scenario.

Bush confirmed there was a script available and a simple task, such as ordering a new EBT card, could be handled quickly by the call center.

Green discussed the option of specialized call centers handling multiple customer needs within that field and gave a Public Health-Environmental Services example regarding restaurant visits. She noted that experts are always on hand to provide more detailed information, but there is a balance between identifying how long to work with one customer while being aware of the wait times of customers on hold.

Vice Chairman Phillips expressed interest in visiting the agency and getting a true experience of wait times and the application process.

Commissioner Foster noted that United Way of High Point conducts a poverty simulation that lasts approximately 1 ½ hours.

Commissioner Trapp questioned if United Way was receptive to partnering with DHHS.

Bush stated that DSS conducts a poverty simulation, and described the process.

Commissioner Trapp noted that partnership discussions are a natural segue into Tier 2 recommendations.

Lawing commented that establishing partnerships takes time and requires collaboration. He reviewed Tier 2/Recommendation 1.

Green noted that many partnerships already exist with most of the agencies referenced in the recommendation, and staff are now researching how to enhance these collaborations, which takes more effort. She referenced Recommendation 1.B. and its description of improving case management services for veterans. Green stated that it is difficult to access their information, but veterans definitely need more streamlined services.

Lawing discussed potential to include Veteran's Services Department under the umbrella of DHHS. He noted that it is currently a lean operation, but would be a natural fit within the division.

Commissioner Trapp suggested staff contact veterans support and peer groups to promote volunteer opportunities which would assist with staffing Veteran's Services.

Green reviewed Recommendation 2 and discussed the collaborations between FNS and WIC departments, as well as collaborations between In-Home Services teams in Public Health and DSS. She noted that groups providing similar services are researching opportunities to share information and funding sources.

Lawing discussed the wait lists for Adult Services programs within both agencies, and questioned if there were ways to garner additional funding to serve more customers.

Commissioner Trapp left the meeting at 3:23PM.

Skeens stated that they were unable to bill Medicaid for In-Home services, but discussed the potential to draw down Medicaid Administrative Claims (MAC) federal funding.

Commissioner Trapp returned to the meeting at 3:25PM.

Skeens reviewed Recommendation 2, sections A, B and C. She noted that A and B were already being accomplished through assignment of a Public Health nurse working with Child Protective Services (CPS) and Adult Protective Services (APS) teams. She noted that additional clarification from staff was required regarding section C, noting that Child Daycare and CPS social workers are co-located within the agency, and specific Daycare social workers are assigned to handle cases attached to active CPS investigations.

Vice Chairman Phillips suggested this recommendation removed pending clarification from staff.

Skeens and Green briefly reviewed the call center goals.

Vice Chairman Phillips questioned if accomplished recommendations, or those in the process of being accomplished, should be included in the discussion.

Lawing suggested the final documented should be revised and potential timeframes included.

Vice Chairman Phillips suggested the Board would be more interested in staff identifying what has been worked and what needs to be accomplished.

Commissioner Trapp suggested developing a strategic plan with timeframes to accomplish goals.

Commissioner Conrad left the meeting at 3:31PM.

Lawing reviewed Recommendation 3 and discussed Buncombe County as an example of a DHHS agency that contracts many of its programs to outside agencies.

Commissioner Trapp questioned the volume of cases handled in Buncombe County.

Skeens noted that Buncombe is considered one of the top ten urban counties in North Carolina.

Green discussed some of the concerns involved with contract, such as, the agencies emphasis on funding versus providing quality customer service. She noted that contracting requires a great deal of oversight, which is sometimes limited when programs are not housed within DHHS.

Skeens stated that the DHHS leadership team suggested reviewing all programs, mandated and non-mandated to expand the scope of Recommendation 3.

Commissioner Foster left the meeting at 3:35PM.

Lawing introduced Tier 3 recommendations for Strategic Goal 1.

Skeens discussed the recommendations and noted Tier 3 places emphasis on prevention-based goals. She stated that prevention pieces are already intertwined with existing services and could be difficult to pull from programs as a stand-alone function.

Green commented that this could compromise team-based approaches already in place within many programs.

Lawing suggested that impossible to implement suggestions be removed prior to the Board presentation.

Skeens suggested removing Tier 3/Recommendation 5.

Commissioner Trapp stated Recommendation 5 was already housed within Recommendation 3, which discusses integrated case management.

Skeens discussed the case management proposal and the potential use of kiosks which would allow customers to determine self-sufficiency.

Vice Chairman Phillips requested a more in-depth explanation of Recommendation 3.

Skeens reviewed the recommendation and stated integrated case management is a lofty goal. It does not eliminate the requirement for separate systems between Public Health and DSS, and may create double or triple work.

Vice Chairman Phillips suggested eliminating the integrated case management model until systems were integrated. He thanked Skeens and Greens for their honesty and stated they should continue to present options to the Board, but provide explanations why the model cannot work for DHHS at this time.

Green spoke to the benefits of a specialized portal of entry and reiterated the example of the Environmental Services model.

Commissioner Trapp thanked staff for their honesty in explaining the limitations of the universal concept.

Lawing stated that staff will present benchmarks to the Board during the work session.

Vice Chairman Phillips suggested a no-nonsense approach. He stated the Board has a narrow focus and would appreciate them ordering recommendations based upon topics of greatest discussion during the sub-committee meetings.

Commissioner Trapp suggested staff also provide the Board with operational ideas highlighting what has occurred, what's being suggested and the potential benefits to customers.

There being no further business, the committee adjourned by unanimous consent at 4:00PM.

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Chairman

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Deputy Clerk to Board