

Leading by Results

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“Published to enhance the community’s knowledge of issues affecting children, families, older adults and the disabled in Forsyth County”

ViewPoint

Leading by Results



Joe Raymond,
Director
**Department of
Social Services**

Welcome to the fourth edition of **Leading By Results**. In our first year, our work has focused on developing data sources about our benchmarks.

Speaking of data, recent news reports highlighted the growth of the Medicaid and Food Stamp programs. It is important to note that the number of Forsyth County Food Stamp households has grown to over 13,000. The total number of Medicaid recipients is now more than 40,000. This growth is consistent with national reports that show severe poverty in U.S. has hit a 32 year high.

The numbers reflect other challenges behind this growth. One obvious issue is that minimum wage jobs (where the majority of Medicaid and Food Stamp recipients find work) alone will not produce self-sufficient individuals and families. Anyone who meets our nation's work ethic expectations by working 40 hours a week and gets paid the new minimum wage of \$6.15 an hour makes a grand total of \$246 dollars a week (before taxes). This level of income, without health care benefits, cannot produce "self-sufficiency."

But even bigger issues lurk beneath Medicaid and Food Assistance growth. For instance, our health care "system" is fundamentally broken. Even with insurance, the nation's middle class is finding it difficult to navigate and pay for health care. Medicaid is often used to pay for nursing home care for the elderly and disabled which averages \$5,000 – \$6,000 per month (\$72,000 per year!). The reality is that a growing number of middle class

families access Medicaid because virtually no family's resources can pay for such extended and costly health care. In addition, many large and small employers no longer are able, or choose to provide adequate health care and other benefits. This causes more people to rely on government assistance.

Simply put, the growth in government is not being driven by people who are not willing to work or because the "system" is too generous. No one wants to see public programs that continue to grow, that increase reliance on government assistance, or increase financial burdens on taxpayers. Serious, effective solutions must be about increasing the percent of literate young people who graduate from high school and receive further training, about re-building our fundamental approach to health care, and about enhancing an economy that provides fair wages and fair benefits for anyone who is willing to work. Continued failure to take these steps means we will see a continued reliance on government support for those who have no other option, including some of the middle class.

This quarter's **Leading By Results** connects to these issues by addressing:

- the annual percent of children who are adopted within a year of having a permanent plan of adoption,
- the annual percent of older adults and adults with disabilities who are not found to be repeat victims of abuse, neglect or exploitation,
- the annual child support enforcement collection rate,
- the annual percent of residents who have private health insurance or publicly funded health care, and
- the annual percent of DSS customers who report they were treated with respect.

Thanks go to Dr. Tim Monroe, Director of the Forsyth County Department of Public Health who wrote about the rate of residents with access to health care and to Mrs. Jean Irvin, Executive Director of Forsyth Futures (the subject of our interview on page 10).

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Vision: Forsyth County residents will be safe, self-sufficient, and live in safe and healthy environments.

Mission: Forsyth County DSS will serve and protect vulnerable children and adults; strengthen and preserve families; and enhance economic stability while encouraging personal responsibility.

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Goal I Improve the Safety, Quality of Life, and Well-Being of Children and Families

Adoption is the practice in which an adult legally assumes the role of parent for a non-biological child. It provides a permanent, stable home for children—the most important outcome DSS seeks for a child in our legal custody. Children become available for adoption through DSS in various ways, but most typically they have been living with foster parents. Occasionally, new parents will relinquish parental rights to their baby, and an infant is available for adoption. In many cases, it is the foster parent or a relative of the child who becomes the adoptive parent.

Benchmark Spotlight On: *Annual percent of children who are adopted within a year of having a permanent plan of adoption.*

What is adoption and when does it become part of a child’s plan?

When children are removed from their families for their own protection, DSS works with the family to develop a plan for reunification. Sometimes parents have extremely difficult issues to address such as substance abuse or mental health issues before children can be reunified with their parents. DSS social workers look at adoption as an option if parents are not making progress on goals that must be attained before a child can safely be returned to his/her home.

The entire child custody process is overseen by the courts to safeguard the rights of all the parties involved. The courts, of course, want to see that the best interest of the child is achieved. Like DSS, the courts are interested in achieving the goal of a permanent home for a child as quickly as possible, whether reunifying with the birth parent, guardianship with relatives, or being placed with an adoptive family.

Before children can be adopted, their birth parents’ rights must be terminated

by the courts. This can be either voluntary or involuntary and can be a time-consuming process. Adoption may become the goal of a child’s plan for achieving a permanent home when DSS believes the birth family can no longer be preserved.

What does the data show?

During the last fiscal year (FY 05-06), DSS had around 80 children at any point in time, in various stages of the adoption process. During the year, 48 children were adopted. More females were adopted than males (67%). Ages of children adopted varied. As many young children ages birth to age five were adopted as those ages thirteen to eighteen.

Of those adopted out of foster care in FY 05-06, 41% were adopted within one year of having a permanent plan of adoption. While this is a drop from FY 04-05’s 51%, it is actually about the same number of children—16 in this fiscal year vs. 17 children in the prior year. Last year, fewer children were adopted out of foster care.

How can DSS find permanent homes for children faster?

Time is precious in the lives of children. Our community needs to ensure that children find a permanent loving home as quickly as possible. Adoption assistance funds are available to families who adopt special needs children. Although people adopt, not because of the money, but because they care about the children, financial assistance is still needed to aid the families in getting necessary services for the children. Other actions are also needed:

- Increasing the recruitment of foster parents. This is always an issue. Foster parents are very likely to become adoptive parents. Last year, about 22 foster parents adopted the children they fostered.

- Increasing the number of families who adopt “special needs” children. These are children who are older, part of a sibling group, have medical, mental or emotional conditions that require treatment, and/or are members of a minority group.
- Improving court processes—shortening the time it takes for judicial actions. Judge William Reingold and leaders of the 22nd District Court are working in partnership with DSS to make changes in judicial processes that reduce the number of continuances and make other changes to reduce the amount of time court actions take. The goal of this effort is directly related to improving the length of time it takes for children in DSS custody to be adopted and to achieve permanency for children within one year.

Finding permanent, loving parents in a timely manner is critical to ensuring that children have a sense of stability. DSS needs the assistance of everyone in our community to make it happen faster.

“During FY 05-06, 48 children were adopted.”



Goal II Improve the Safety, Well-Being, and Quality of Life of Older Adults and Adults with Disabilities

Aging is a natural process. However, it may mean more medical ailments, and/or disabilities and may include cognitive decline for some people. Taking this into consideration, people may become more susceptible to being abused, neglected and/or exploited by others. Often if someone is the victim of maltreatment it may begin a trend whereby they will continue to be marginalized and mistreated.

Benchmark Spotlight On: *Annual percent of older and disabled adults who are not found to be repeat victims of abuse, neglect or exploitation.*

What are abuse, neglect and exploitation of older and disabled adults?

The NC Adult Protective Services (APS) statutes specifically address the need of the community to protect vulnerable disabled adults age 18 and over who cannot provide or secure protection and essential services for themselves and who have no other person(s) to provide protection. Adults who are not incompetent and who may have been victims of abuse or neglect must **consent** to services before they can be provided.

Abuse is defined by the statutes as the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services (by a caretaker), which are necessary to maintain the disabled adult's mental/physical health.

Neglect is the inability of a disabled adult to provide the services which are necessary to maintain mental/physical health (Self Neglect), and who is not receiving services from their caretaker (Caretaker Neglect).

Exploitation is defined as the improper use of a disabled adult or their resources for another's profit or advantage.

Why is this benchmark important?

Not much is known about repeat incidents of abuse, neglect and exploitation, locally or nationally of older or disabled adults. The entire issue of adult abuse is often hidden, and some studies suggest not often reported. That is even truer with repeat offenses.

Forsyth County does know that of first time reports of abuse, neglect, and exploitation for FY 05-06, most victims were female, Caucasian, and lived alone (43%). Thirty-six percent (36%) lived with family. Sixty percent (60%) of the reports made were for neglect, followed by exploitation (21%). Abuse accounted for 9% of the reports in FY 05-06. Multiple types of reports were made 10% of the time. After investigation of a report of abuse, neglect, or exploitation, maltreatment was confirmed in 38% of the reports.

The local demographic information and information on types of reports seem to be in line with national studies. They show that self-neglect is the most commonly reported problem for the elderly. This may be due to social isolation, mental impairment, or other causes. An increasing link is made between elder abuse and domestic violence since family members are often involved in abuse, neglect, or financial exploitation of the elderly.

Locally and nationally, financial exploitation is the fastest growing form of elder abuse. The Department is in the process of gathering information about repeat victims of abuse, neglect, and exploitation. Our community must learn more about the conditions of our vulnerable senior population to begin to address this benchmark.

What does the data show?

The percentage of adults who were **not** found to be repeat victims of abuse, neglect, or exploitation in Forsyth County for FY 05-06 was 89% for FY 05-06. There were 146 APS reports initiated in Forsyth County for that time period. Of that number, 16 individuals or 11% had previous reports of abuse. This compares with the statistics statewide which also had an average of 10% of persons with prior reports.

According to the data collected for the first six months of Fiscal Year '06-07, there have been no incidents of repeat maltreatment. Of note, there have been 10 individuals with prior APS reports during the time frame; however, there has not been any repeat confirmation of maltreatment so far.

What needs to improve to protect this population?

With our population aging, we need to remain ever vigilant to signs of abuse, neglect and exploitation of elderly and disabled adults. We need to continue to educate ourselves and the community about the vulnerabilities of this population and how they can report allegations of abuse, neglect and exploitation. Through community outreach and education, DSS can continue to keep the spotlight on this pressing issue and working collaboratively with the community, help to protect the elderly and disabled adults and keep them from being mistreated again.

“The entire issue of adult abuse is often hidden, and some studies suggest not often reported.”

Enhance the Economic Stability of Individuals and Families

Each year, more than 300,000 North Carolina families struggle to make ends meet because of parents who don't support their children. Parents who do not have physical custody of their children still have the obligation to support their children financially.

Benchmark Spotlight On: *Annual Child Support Enforcement collection rate.*

What Is child support enforcement and why is it important?

Child Support Enforcement (CSE) provides services to ensure that both parents are financially responsible for their children to the best of their ability. CSE provides an additional source of income to custodial parents to increase economic self-sufficiency. Over the last five years, Forsyth County Child Support Enforcement has collected almost \$83 million on behalf of custodial parents. The additional income may assist in providing a stable home, better education, etc.

Individuals who receive services through public assistance or foster care programs automatically receive CSE services free of charge. CSE services are available to other custodial parents for a twenty-five dollar (\$25) fee.

CSE offers assistance in the following areas:

- Location of non-custodial parents...search to find where they live and/or work;
- Paternity establishment for children;
- Petition the court to order child support payments;
- Collection and distribution of support...distribution and disbursement are tracked; and
- Enforcement of support obligations...ensure compliance

with court-ordered support by withholding support payments from wages and tax refund interceptions.

The collection and distribution of child support payments are the primary objectives of child support services. A court order for child support dictates the amount of support to be paid and how often it should be paid. If a non-custodial parent refuses to pay, legal action is taken with the court to set up a court order for payment.

Support is collected through wage withholding, payments mailed in by non-custodial parents, or income tax intercepts and are sent to the state's centralized collections operation. Child support payments are distributed and disbursed based on federal and state regulations. Data is shared with more than thirty state, federal, and private agencies.

What does the data show?

As of the end of January, 2007, roughly 12% of Forsyth County families (11,155 families) receive child support. The primary beneficiaries are 17,255 children. While DSS would like to collect 100% of monies due to support children, the goal set by the State of NC for the last fiscal year was to collect 65.6% of the current support that was due from non-custodial parents. Collecting child support from parents who do not want to pay or who cannot pay due to unemployment makes this goal difficult.

The actual amount received was 59.9% of the goal. This was a slight increase from the actual child support collected for the Fiscal Year 04-05. For FY 06-07, the goal for collections is 69.5%. Through January, 2007, the County has met 61% of its goal.

What needs to be improved?

Collections need to increase for all

families. Forsyth County's Child Support Enforcement has made some recent internal improvements. They include the:

- Hiring of additional staff (a child support supervisor, a clerical supervisor and two clerks);
- Reorganization of units into teams; and
- Additional staff training.

One of the most frustrating issues is tracking down parents who avoid being served legal warrants. The Sheriff's Department does a great job in assisting DSS in this effort. However, parents who owe child support know how to recognize and avoid a deputy who may wish to serve a court order. DSS is planning a project to use private process servers to see if this would improve this situation. The County also wants to try other means of collecting child support including telephone collections of child support. Also, additional staff is still needed.

Children need two parents in their lives for a long list of reasons that go far beyond economic ones. However, assuming financial responsibility for one's children must be the starting point for any discussion of parental roles.

“Parents who do not have physical custody of their children still have the obligation to support their children financially.”



FCDSS Benchmarks

Goal I: Improve the safety, well-being and quality of life of children and families	
Benchmarks	
1.1	Annual percent of children in DSS custody who achieve permanence within one year through reunification, guardianship to a court approved caregiver or adoption
1.2	Annual percent of maltreated children who are not repeat victims of substantiated maltreatment
1.3	Annual percent of children who are adopted within a year of having a permanent plan of adoption
1.4	Annual percent of children who are adopted whose placement is not disrupted
1.5	Annual percent of children in foster or facility care who have not been maltreated by a foster parent or facility staff
Goal II: Improve the safety, well-being and quality of life for older adults and adults with disabilities	
Benchmarks	
2.1	Annual percent of older adults and adults with disabilities who request In-Home Aide Assistance and receive it
2.2	Annual percent of older adults and adults with disabilities served by DSS (Adult Services) who live in the least restrictive, most appropriate setting
2.3	Annual percent of older and disabled adults who are not abused, neglected or exploited while living in licensed care facilities
2.4	Annual percent of Adult Medicaid applicants whose applications are completed within the 45 day (Medical Assistance for the Aged) or 90 day (Medical Assistance for the Disabled) standard
2.5	Annual percent of older and disabled adults served who are not found to be repeat victims of abuse, neglect or exploitation
Goal III: Enhance the economic stability of individuals and families	
Benchmarks	
3.1	Annual percent of Work First participants who obtain a GED/High School diploma or vocational certificate
3.2	Annual Child Support Enforcement collection rate
3.3	Annual percent of Child and Family Medicaid applicants whose applications are completed within 45 days
3.4	Annual percent of Child Health Choice applicants whose applications are completed within 45 days
3.5	Annual percent of Work First participants who meet the Federal participation rate.
3.6	Annual percent of Child Support cases with court orders
3.7	Annual percent of Work First participants who obtain employment
3.8	Annual percent of Work First participants who obtain employment at a living wage (defined as \$8.50 per hour)
3.9	Annual percent of individuals potentially eligible for Food Stamp services and receive them
Goal IV: Increase public understanding of relevant social issues and build effective community partnerships	
Benchmarks	
4.1	Annual percent of foster youth who are in care at age 18 and who are employed or enrolled in post -secondary education from the ages of 18 – 23
4.2	Annual percent of children potentially eligible for the child care subsidy and receive it
4.3	Annual percent of residents who have access to private health insurance or publicly funded health care
4.4	Annual percent of children and adults in need of mental health services who have access to timely services
4.5	Annual percent of 9 th graders who complete high school
4.6	Annual percent of child abuse and child neglect
Goal V: Be publicly accountable for efficient use of resources and timely delivery of services	
Benchmarks	
5.1	Annual percent of preventable employee turnover
5.2	Annual percent DSS programs not in program improvement status
5.3	Annual percent of customers who report that they were treated with respect
5.4	Annual percent of available state and federal available dollars drawn down
5.5	Annual amount of dollars recovered through program integrity efforts

What's New at DSS

Special Thank You

The Family and Children's Division of the Department of Social Services wishes to thank the Forsyth County community for their holiday support of foster children and the Relatives as Parents Program (RAPP). In the past, generous individuals and businesses have provided gift cards or adopted one or more foster children. This year, DSS asked you to also sponsor children who live with caregivers.

The response was tremendous. Many people don't know that approximately 10% of children in our community live with grandparents, great-grandparents, aunts/uncles or other relatives because their parents are incarcerated, deceased, battling drug addiction or have mental concerns. Most relative caregivers are older, and have fewer resources to support these children. DSS sponsors a program called RAPP to provide encouragement, information, support, and networking opportunities for relative caregivers.

This year, over 400 children received a special holiday, thanks to concerned neighbors. Thank you to the following:



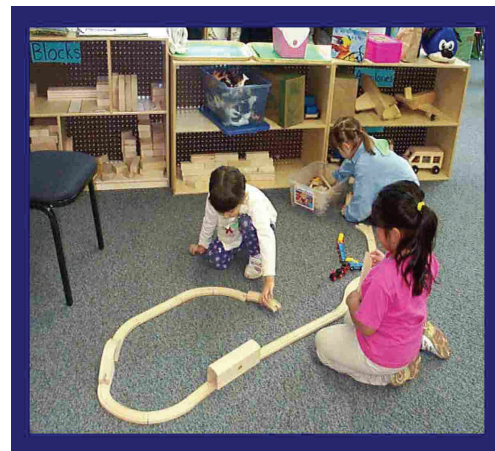
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Forsyth Women Attorneys
Kelly Fritts
Friedberg Moravian Church Youth Group
Gold's Gym
Amy Gothier and Family
Highwoods Properties
Dalene Kennedy
C. King
Konnoak Baptist Church-Ladies Class
La Petite Academy
Marine Corp League – Toys for Tots
Denise Matthews and Family
Mt. Tabor High School French Class
Nuday Case Management, Inc.
People in the Legal Profession
Piedmont Aviation
Piedmont Industrial Services
Judith Russell
Southern Community Bank Corporate Office
"Steel Praisin" Band of Friedberg Moravian Church
Rust and Dust Club
Summit School
Dr. Tibbs and Mr. Tuttle
Tricia Tooke

Total Care Home Care
U.S. Post Office (Patterson and Healy Drive Locations)
United Metropolitan Baptist Church – Special Needs Ministry
United Way Staff
Veterans of Foreign Wars
Wachovia
Wachovia Exchange Services
Wal-Mart
Womble Carlyle
YMCA
Mary Beth Young

DayCare Services Increase

On July 1, 2006, Forsyth County had 1,878 children waiting for subsidized Childcare. By the end of September, 2006 this number increased by 26% to 2,375 children. Due to a one time allocation from the NC Division of Child Development of almost \$489,000, Forsyth County has been able to start serving families from the waiting list.

In order to be able to serve more families quickly, the Daycare Unit sent out letters inviting families to come to 12 group intake meetings held during February and March, 2007. Over 600 families attended the meetings and over 700 vouchers for daycare services were provided to families. As of March, 2007, the waiting list is now less than 100 children.



Goal IV Increase Public Understanding of Relevant Social Issue and Build Effective Community Partnerships

By Dr. Tim Monroe

The Forsyth Futures Community Collaborative is in the process of adopting a number of community benchmarks that were developed for the purpose of: (1) identifying measures of human welfare that are in need of improvement; and (2) giving the public and private human services providers, our local governments, and our entire community some measure of how we are doing in efforts to effect such improvements.

Few if any aspects of our lives affect our basic level of welfare and sense of well being more than the state of our health.

Benchmark Spotlight On:

Annual percentage of residents who have private health insurance or publicly funded health care.

How is the benchmark defined and what does the data say about this benchmark?

This benchmark includes those who have private insurance, as well as those who receive Medicaid or Medicare. According to the 2005 Behavioral Risk Factor Surveillance System survey, conducted annually by the CDC, this measure is 86.8% for Forsyth County, 80.9% for North Carolina, and 85.5% for the nation. This measure has decreased since 2001 for Forsyth County as well as the state and nation.

According to this measure, 13.2% of Forsyth County residents currently have no health insurance coverage. Although this number may seem to compare well to the state and national numbers, this percentage represents about 43,000 individuals in our community who have no health care coverage. These individuals are often poorly paid laborers and service

workers (and their families) who do not have health care benefits or other benefits such as paid sick leave, and who cannot afford to pay for health care. It is also important to recognize that having publicly funded health care or private insurance does not remove all barriers to the receipt of health care. Recent years have seen a consistent increase in the cost of employer-provided health insurance benefits (to the employer and the employee), and a consistent reduction in level of coverage (increasing co-payments and deductibles, etc.).

Why is this benchmark important?

Convenient access to health care is essential in order to maintain health and regain health after illness. A person cannot experience an acceptable level of general welfare and enjoy a reasonable quality of life without good health. Additionally, illness, and especially illness accompanied by the inability to assure payment for related and needed health care services, has the potential to devastate families physically, emotionally, psychologically, and economically.

What does failure on this benchmark cost?

The cost of failure on this benchmark will be borne not only by those without access to needed health care, but also by our community as a whole. Individuals who do not receive needed care in a timely fashion will experience poorer health or even preventable disability or death.

Preventive and primary care are the least costly and most effective forms of care; yet it is this care that is missed by those with limited access. Tertiary care is the most expensive and least effective form of care. Those without health insurance will ultimately find their way to the emergency rooms and hospitals for this expensive care. Also, much more tertiary care will be needed when primary and preventive

care are missed. The high cost of this expensive way of providing care will be borne by us all in the costs of our health insurance and in the cost of goods and services provided by employers who purchase health insurance for their employees.

How can our community make progress on this benchmark?

Most of us are able to recognize the economic illogic of failing to assure primary and preventive health care for all. We also believe that universal access to health care should be a right of all and not just a privilege accessible only to those of us who are employed with health insurance benefits and adequate financial capacity to assure us of receiving the health care we need. However, a large percentage of the residents of our nation, our state, and our community live in the constant insecurity of not having health care.

Neither our community nor many other communities are making perceptible progress toward changing this situation. At the local level, we tend to consider this issue to be one that must be addressed at the level of state or federal government. However, state and federal government will not address the issue unless they hear from home – the localities. Also, we do have opportunities periodically to address this issue through our local governmental functions. Hopefully, the regular monitoring of these kinds of measures will stimulate our public and our governmental processes into responding to conditions that we should find unacceptable.

“A person cannot experience an acceptable level of general welfare and enjoy a reasonable quality of life without good health.”

Goal V Be Publicly Accountable for Efficient Use of Resources and Timely Delivery of Services

The Department of Social Services (DSS) values our customers. Because DSS services are governed by law and regulations, DSS cannot always ensure that everyone receives a particular program benefit, but we can ensure that everyone is greeted with a smile and treated with respect. Treating people respectfully also acknowledges and underscores how important this behavior is in developing relationships and strategies that assist individuals to improve their lives.

Benchmark Spot Light On:

Annual percent of customers who report that they are treated with respect.

How does DSS define customer service?

The Department of Social Services has adopted customer service standards for staff that speak to professionalism, timeliness of service, respect, quality, communications and face-to-face interactions with our customers. DSS has further defined respect as: (1) desiring to treat others the way we would like to be treated; (2) working hard to protect our customer's rights to privacy; and (3) doing our best to treat people with dignity and courtesy. Excellent customer service is, of course, expected of all DSS staff. It is part of our performance appraisal system.

What does our data show?

We have just begun the regular collection of customer information from surveys. From July to December 2006, DSS has collected approximately 3,012 customer service surveys from all program areas. Our survey (both English and Spanish versions) asks our customers to rate us on how respectfully and courteous

staff treats them, how long they waited to be seen by staff, how well the services were explained to them and overall, and how they rated the service they received. The survey form also provides an opportunity for customers to provide comments and suggestions. This data is collected on a monthly basis and shared with senior leaders and those on our leadership team.

On a scale from 1 (poor) to 10 (excellent) our year-to-date average ratings are 9 across the board. This includes ratings for respectful and courteous treatment from staff, how well staff explains our services, and overall satisfaction ratings.

With respect to wait times, 96% of customers indicated they waited 15 minutes or less to see the receptionist. With respect to seeing a direct service provider, 72% waited less than 15 minutes, 16% waited 15 to 20 minutes, 6% waited 20 to 30 minutes and 6% waited longer than 30 minutes. Lastly, written responses from customers are divided into three sections: positive comments, negative comments, and suggestions for improvement. The specific comments have helped management learn more about things we do well and what might need improvement.

What needs to be improved?

We are generally pleased with our customer feedback so far and want to work on how the agency obtains information. We plan to work on:

Providing the opportunity for more people to comment on our performance through an online survey format;

- Devising a way to collect feedback from customers who do not have the need or occasion to visit our building for services;
- Adding new questions or refining current ones to garner more precise information;

- Considering other mechanisms for customer feedback so that DSS can constantly gather information for improvement;
- Ensuring our internal processes for data collection are consistently applied in all program areas; and
- Streamlining our procedures for reviewing and making decisions on suggestions for improvement provided by our customers.

Customer feedback is critical to the cycle of improving customer service. Due to program rules, DSS cannot necessarily do what every customer wants or provide a customer with everything they believe they need. Our staff is committed, however, to providing the best information, in a friendly, open, and helpful manner. We constantly strive to do better.

“Because DSS services are governed by law and regulations, DSS cannot always ensure that everyone receives a particular program benefit, but we can ensure that everyone is greeted with a smile and treated with respect.”



Looking to Forsyth Futures: An Interview with Jean Irvin



Jean Irvin, Executive Director

What is Forsyth Futures and what is its mission?

Forsyth Futures is a community collaborative comprised of residents, organizations, and institutions working together to solve critical issues that no one organization can solve alone in the areas of economic stability, education, health and safety.

Our mission is to improve positive outcomes for the children, adults, and families of the Winston-Salem/Forsyth County community.

How will its mission be implemented?

Through community input and the work of its board of directors, Forsyth Futures will define measurable community benchmarks and help our community develop and implement specific solutions to achieve these results. The core strategies (or “business lines”) proposed to address the mission are:

- Increase community engagement and grass root mobilization and include diverse constituencies to obtain meaningful input in all aspects of work;
- Build public will that increase residents’ understanding of and support to improve these benchmarks;

- Improve institutional and collaborative effectiveness to achieve the benchmarks;
- Develop primary and secondary prevention plans to lower the initial incidence of poor outcomes; and
- Improve data and research capacities to collect, analyze, and distribute benchmark data and evaluate information.
- Increase collaborative attention on public policy by identifying and promoting local and state laws, rules, and regulations that will enhance the benchmarks.

How did Forsyth Futures begin?

The organization itself grew out of the Forsyth Council for Children and Families which changed its name to Forsyth Futures on July 1, 2006. The evolution was the culmination of work by many individuals who wanted to establish a sustainable community collaborative whose core function is to identify community goals and measurable markers of progress and cause their achievement.

What is different from previous work?

While our community has a long history of working together to identify common needs, and many have successfully collaborated on projects to make a difference in residents’ lives, little sustainable long-term capacity to produce change has resulted. Forsyth Futures has taken on the responsibility to put that infrastructure in place and create a sustainable focus on improving critical measurable benchmarks that are important to the entire community.

Who is on the Forsyth Futures board?

The specific members of the board can be found on our website (www.forsythfutures.org). They are the heads of local universities, the leaders of the United Way, non - profits, local government, and local business and religious leaders.

The decision to have an executive-led board comprised of the leaders of these large institutions and specific populations was very important. The board is a group of individuals with the ability to make things move and get things done.

But also equal with this realization about board leadership is the understanding that we must begin a community conversation with folks in all walks of life around the community and maintain and sustain a conversation among people for a long period of time because the residents of our community know what the critical issues are and how to solve problems. We must connect to that community conversation at all times. The results of that rolling conversation will inform the community and the board on an on-going basis.

How does the Board do its work?

It is really important to talk about how the board does its work as well as the work itself. The Board adopted a set of guiding principles that are the philosophical underpinnings that will drive the way in which Forsyth Futures approaches its work. They are:

- Strive to provide equitable access to services, resources, and opportunities for all people in



- Nurture and value diversity in background, perspective and approach among organizations, employees and clients;
- Treat one another and clients we serve with civility and respect;
- Maximize resources for all sources while minimizing duplication and inefficiency;
- Welcome and respond positively to change and undertake continuous improvement and innovation in all we do; and
- Share ownership, responsibility, resources, accountability for achieving meaningful, measurable results that improve lives.

When we talk about addressing an individual benchmark we are not talking about an individual project. For instance, if we seek to lower the child maltreatment rate, then we intend to look comprehensively at the range of solutions that are necessary. These solutions will include understanding why child maltreatment occurs; what it takes to develop a “zero tolerance” for child abuse; creating a comprehensive primary prevention plan; developing new ways for agencies to collaborate, and developing new public policy as needed; etc. We will also look at national best practices, but we will have to determine if a best practice somewhere else has relevance here in Forsyth County.

What are Forsyth Futures’ goals and benchmarks?

The four goal areas are health, education, safety, and economic stability. Public engagement in this process is very important. The benchmarks are still being drafted, based on community input.

Forsyth Futures just finished a community engagement conversation where we wanted to hear from as many people as possible on the four goal areas.

For example, we sent surveys home with over 50,000 school kids. We think these surveys started important conversations about community issues. I hope it happened in a lot of families and neighborhoods. We heard from over 5,000 people and got over 20,000 bytes of information. We hope to go back to those who provided contact information and ask clarifying questions like what access to services would mean to them.

The Forsyth Futures Board selected three “pilot” benchmarks on which to begin work (the high school completion rate, the child abuse rate, and the percentage of residents with access to health insurance.

Over the next six months, the staff will recommend to the board a target for these benchmarks and others adopted by the board, a timeframe, and put a community team together for each benchmark. We will need to be very clear about what we have the ability to accomplish in a meaningful way. We don’t want to over promise yet we also have to be aggressive or nothing will get accomplished.

What will be accomplished over the next two years?

We have important “products” coming. While building the infrastructure to do the work, the board will decide on a final set of goal and measurable benchmarks of success. Within 6 – 9 months, we will produce our first, annual community scorecard. This score card will tell us what the data says and compare us to other counties and communities. We will listen to feedback about this scorecard and this work will help set the agenda for the future. We will continue to improve how we listen to community stakeholders

and find ways to participate in community conversations about these issues. Most importantly, we will help convene and participate in community planning to develop actionable solutions to address the challenges that the benchmarks represent. This means we have to understand what works around the nation, for example, to increase the high school completion rate, to lower the rate of teen pregnancy, to lower the rate of child abuse, etc. This is very exciting and a bit scary. It is a different way of doing business.

Finally, we have fabulous funders. They include the United Way of Forsyth County, Center Point Human Services, City of Winston-Salem (in-kind), Forsyth County, Senior Services, the Kate B. Reynolds Foundation, the Winston-Salem Foundation, the Winston-Salem Police Department, and the Winston-Salem/Forsyth County Schools (in-kind). We anticipate even more support because as difficult as it is, it is clear it is time to figure out how to produce measurable results, and it is going to take all of us to do it.

“Forsyth Futures will create measurable community benchmarks and move our community towards results.”

"In the Next Issue"

*In the next issue of **Leading by Results**, DSS will report on specific benchmarks associated with each goal. The newsletter will also include an interview on a topic of interest related to these benchmarks.*



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